



Flip Tuck Gymnastics Center



Student Registration Form

Student's Name: _____
 Age: _____ DOB _____/_____/_____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ - _____ Sex: M F
 Mothers Name: _____
 Cell phone: (_____) _____ - _____ No
 Fathers Name: _____
 Cell phone: (_____) _____ - _____ No
 Email _____

Credit Card

Credit card number will be held on file. We will charge on the 15th of each month if tuition is not paid in full. Late fee of \$20 will apply.

Visa MC Discover Amer. Express

Credit card # _____ - _____ - _____ - _____

Expiration Date: _____ - _____ CCV# _____

Class Fee/mo.: \$ _____ . _____

Reg. Fee: _____ pd. Date: ____/____/____

Paid by: CASH or CHECK # _____

Contact Information

Who to call if parents cannot be reached (list in order to call):

Name: _____ Relation: _____ Phone: (_____) _____ - _____

Name: _____ Relation: _____ Phone: (_____) _____ - _____

Name: _____ Relation: _____ Phone: (_____) _____ - _____

Insurance Information

Insurance Carrier: Mother Father Other _____

Employer Name: _____

Insurance Company Name: _____ Policy #: _____

Doctor's Name: _____ Phone: (_____) _____ - _____

Dentist's Name: _____ Phone: (_____) _____ - _____

Any intolerance to drugs or medication? _____

Any previous illness or injuries the staff should be aware of? _____

Any other information the staff need be aware of? (ADD, ADHD, Epilepsy, allergies to skin, medications the child is on, diabetes etc.) please list: _____

Siblings Enrolled In Classes

Name: _____

Age: _____

DOB: _____

Grade: _____

Class day/time: _____

Reg. Fee Pd. \$ ____/____-____-____ \$ ____/____-____-____ \$ ____/____-____-____

Family Disc. _____% \$ _____ _____% \$ _____ _____% \$ _____

Flip Tuck Gymnastics Center - Release of Liability Waiver

Please use the following waiver:

When there is a **minor** who partakes in any activity, at **Flip Tuck Gymnastics Center**.

** (Parent or Legal Guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves.) Also have the parental consent portion signed by the Parent and/or Legal Guardian. **This waiver**, when the parent gives parental consent for the minor, does **NOT** cover the parent if something should happen to the parent. **This waiver only covers the minor.** If the Parent decides to participate in the same activity as the minor please

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the FLIP/TUCK GYMNASTICS PROGRAM, I represent that I understand the nature of this Activity are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, in and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releaser” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue FLIP/TUCK GYMNASTICS CENTER, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasers” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Date: _____

Printed name of participants
PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

X _____ I know that as Parent or Legal Guardian of above minor, I am responsible for all payments and class fees. I fully understand when fees are due and know that my card will be charged on the 15th of the month along with late fee of \$20. It is my responsibility to call and make Flip Tuck Gymnastics Center LLC aware of changes in the minors status.

Date: _____

Printed name of Parent/or Legal Guardian

X _____
Signature of Parent/or Legal Guardian