

Registration Form with Waiver and Release
Participant Registration Form
Gymnastics

Before participation in any activity, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

I AM AWARE THAT GYMNASTICS CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. I understand that the dangers and risks of participating or competing in gymnastics include, but are not limited to: bumps, bruises, scratches, broken bones, strains, cuts requiring stitches, serious injury to the joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, serious head and neck injuries which may result in complete or partial paralysis: brain damage, serious injury to virtually all muscular parts and serious injury or impairment to other aspects of the body, general health and well being.

I understand that the dangers and risks of participating in gymnastics may result not only in serious injury, but in serious impairment of my future physical and mental abilities. Because of the risk of dangers participating in gymnastics, I recognize the importance of following coaches' instructions regarding skill techniques and gym rules and agree to obey such instruction.

In consideration of your acceptance of my entrance into your program, I hereby assume all the risk associated with participation. I, intending to be legally bound, do hereby, for myself, my heirs, executors, and administrators, waive release and forever discharge all right and claims against the Gymnastics Fun & Fitness Center, LLC "Flip Flop Shop" and or any involved personnel for damage or injury sustained by me in practice, for travel to and from or participation in classes, work-outs, clinics and meets.

Participant Name: _____ Age _____ Male / Female Class: _____ Time _____

Date of Birth: _____ Parents (or legal guardians) _____

Address: _____ City _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____ Emergency: () _____

Emergency Contact: _____ Doctor or health facility _____

E-Mail Address: _____

Are there any medical conditions of which we should be aware? Check one: ___ Yes ___ No

If yes, explain: _____

Has the participant had a physical examination in the last three years? Check one: ___ Yes ___ No

(Gymnastics Fun and Fitness Center, LLC "Flip Flop Shop") recommends that every student complete an annual physical examination.)

Physician Name: _____ Phone () _____

Dentist Name: _____ Phone () _____

May we use the gymnast's photo on our website or in advertisements? No names will be disclosed. ___ Yes ___ No

Eligibility to participate in class at the Flip Flop Shop requires a completed gymnast registration form with release of liability, a consent to treatment form and full tuition **on or before the first day of class.**

Gymnast _____ Date

If gymnast is not yet 18 years old, at least one parent or legal guardian of such person also must sign: We certify that the information provided above is correct.

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date
Tuition Agreement

The Flip Flop Shop requires a **two-week WRITTEN notice prior to dropping.** I understand I am responsible for a full session of payment for the session(s) that I fail to give written notice. Tuition payments is due prior to the beginning of the first class of the session. There is a drop-box in the lobby or payments may be mailed to: JoAnne Thaw 313 Witmarsum West Dr North Newton, Ks 67117.

AFTER THE FIRST CLASS, A \$10 LATE FEE WILL BE ASSESSED. I FULLY UNDERSTAND THIS POLICY.

Signature: _____ Date: _____