

# FLIPSTAR GYMNASTICS CENTER, INC.

## 2024-2025 CHILD REGISTRATION & WAIVER

### **CHILD PARTICIPANT**

**1<sup>st</sup> Child:** Name \_\_\_\_\_ Birthday \_\_\_\_\_

> Health conditions Flipstar Gymnastics should be aware of: \_\_\_\_\_

**2<sup>nd</sup> Child:** Name \_\_\_\_\_ Birthday \_\_\_\_\_

> Health conditions Flipstar Gymnastics should be aware of: \_\_\_\_\_

### **Tiny Tot / Tumble Tots Classes: Adult Supervisor/s**

Supervisor #1 Name: \_\_\_\_\_

Supervisor #2 Name: \_\_\_\_\_

### **PARENT CONTACT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### **Phone:**

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

**(Required) Email:** \_\_\_\_\_

*By providing your email address, you will be added to your email mailing list. We NEVER sell your address.*

### **REQUIRED:**

### **EMERGENCY CONTACT**

Name \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Relation to Child \_\_\_\_\_

## **CLUB WAIVER AND RELEASE FORM**

### **SEPT. 1, 2024 – AUG. 31, 2025 ENROLLMENT YEAR PARTICIPANT**

As the parent or legal guardian of \_\_\_\_\_, I do hereby consent to myself (when applicable) and the above named person(s) participating in the programs offered by Flipstar Gymnastics Center, Inc. I recognize that potentially severe injuries, including but not limited to sprains, strains, fractures, permanent paralysis and/or death CAN OCCUR in any activity involving height and/or motion, including gymnastics. I UNDERSTAND AND FULLY ACCEPT THAT RISK FOR MYSELF (WHEN APPLICABLE) AND MY CHILD PARTICIPANT. I also realize that my child/children will be performing and training on all gymnastics events plus various other training devices including the trampoline.

I also fully understand that Flipstar Gymnastics Center, Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Flipstar Gymnastics Center, Inc. staff to contact our physician and to seek medical help including transportation by a Flipstar Gymnastics Center, Inc. staff member and/or its representative, whether paid or volunteer, to any health care facility or hospital, or calling of an ambulance for said child/children, should Flipstar Gymnastics Center, Inc. staff deem this to be necessary.

We the staff of Flipstar Gymnastics Center, Inc. recognize our obligation to make our students aware of the risks and hazards associated with the sport of gymnastics in language that the parent or legal guardian feels is appropriate, and encourage their child/children to follow the coaches instruction, all safety rules, and be encouraged NOT to attempt skills that have not been mastered during the course of their instruction, and only attempt skills under the direct supervision of a gymnastics professional.

I understand the nature of the Activity, and I represent that my child/gymnast is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for my child/gymnast, then it will be my responsibility immediately to discontinue my child/gymnast's participation in the Activity.

I understand that Flipstar Gymnastics Center, Inc., its coaches and any staff members will not accept responsibility for injuries sustained by any student(s) during the course of gymnastics, trampoline, tumbling, cheerleading, trial class, private party or open

workout, or in the course of any exhibition, competition or clinic in which a student may participate, or while traveling to and/or from an event except where the loss or damage is the result of the intentional or reckless conduct of Flipstar Gymnastics Center, Inc. I understand that while the payment of tuition and registration fees constitutes a contract for participation in the gymnastics program. Reading, understanding and signing this waiver is part of the consideration due to Flipstar Gymnastics Center, Inc. for allowing my child/children to use the facilities and equipment.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually insure and protect aforementioned person(s) for possible future medical expenses which may be incurred by my child/children as result of any injury sustained while training at, for, or under the direction of Flipstar Gymnastics Center, Inc. coaches and staff. I further understand that insurance provided through Flipstar Gymnastics Center, Inc. is catastrophic insurance only.

This waiver and release shall be binding upon the undersigned and his/her child or children and their heirs, devisees, legal representatives, and assigns. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

### **GYM RULES & POLICIES**

Flipstar Gymnastics enforces a strict policies for the safety of everyone in the facility. This includes the following:

**PARENTS: WE ALLOW ONLY 1 PARENT/GUARDIAN (NO SIBLINGS) INSIDE THE BUILDING DURING YOUR CHILD'S CLASS. ADDITIONAL GYM RULES:**

- No unauthorized adults or children permitted in the gym at any time, unless accompanied with a staff member.
- No food or non-water drinks permitted in the gym at any time. NO GUM.
- No playing on equipment without permission and supervision by a coach or staff member.
- Term fees are to be paid at time of enrollment of each term; gymnasts who have not paid their fees will be unable to enter the gym unless prior arrangements have been made with the business manager or owners.
- Appropriate clothing is to be worn: shorts, bike shorts, track pants, leggings, t- shirt, and leotards. No zippers, snaps, tutu skirts, or buttons on clothing. ALL MIDRIFFS MUST BE COVERED (sports bras require a full length tshirt over it.)
- Jewelry should NOT be worn to gymnastics. (Small earrings are acceptable.)This includes necklaces, rings, watches, bracelets and dangling earrings. Children wearing these items will be asked to remove them before entering the gym.
- Long hair is to be tied back off the face and shoulders. You may use bobby pins and hair spray to secure your child's hair.
- All kids will be barefoot in the gym.

*Additional rules and policies may be added, changed or removed at anytime at the discretion of Flipstar Gymnastics Center, Inc.*

### **REFUND POLICY: 1 WEEK ONLY**

***THERE ARE NO REFUNDS AFTER WEEK 1 OF THE TERM.*** Any refunds issued will NOT include the Membership Fee and will NOT include any weeks prior to the refund request date. We will do our best to be sure you are happy but will need to adhere to this policy to insure the smooth running of the gymnastics center program. By signing this waiver, I acknowledge acceptance of this policy.

### **SPECIAL NOTE TO PARENTS:**

If your child falls or has an issue while in the gym, **PARENTS ARE NOT TO ENTER THE GYM WORKOUT AREA.** Parents are to allow the coach to address all situations first. If the coach needs parent assistance to solve an issue, the coach will reach out to another staff member and/or the parent if necessary. Flipstar Gymnastics Center has policies and procedures in place to protect all children in the gym at any given time. SAFETY IS OUR FIRST INTEREST FOR EVERYONE. *The breaking of this rule is grounds for removal from the gym.*

### **PHOTO & VIDEO RELEASE:**

I grant consent for myself and/or my minor child's picture to be taken or to be filmed/videoed while participating in activities at Flipstar Gymnastics. I authorize Flipstar Gymnastics to use and publish images, photographs, pictures, portraits, and audio, video and/or film footage of me and/or my minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, periodicals, social media, advertising and website use during this waiver year and any future year. Flipstar Gymnastics may or may not use names or descriptions associated with such media. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release Flipstar Gymnastics from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of my child or myself.

I affirm that have read and fully understand this release waiver. I acknowledge this waiver is valid September 1, 2024 through August 31, 2025. I also affirm I am of legal age and am freely signing this agreement.

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_