Flips Gymnastics & Sport Camp Registration 2026

Child's Last Name:_____ First Name:_____ Age:___ Date of Birth:_____

Mom's Name:_____ Dad's Name:_____

Address:_____ City: _____ Zip Code:_____

Primary Phone:_____ Emergency #:_____ E-mail:_____

Are there any limitations that the instructors should know when working with your child ? _____

If yes please explain:_____

My child and/or I are aware that participating in the sport of Gymnastics is a potentially dangerous activity. I assume all risks on behalf of my child associated with the participation in this sport, including, but not limited to, falls, contact with other persons and other reasonable risk conditions of this sport. All such risks to my child are known & understood by me. I understand this informed consent and have read the Flips Rules & Policies, agree to their conditions on behalf of my child. With the above in mind & being fully aware of the risks & possibility of injury involved, I consent to have my child(ren) participate in the programs offered by Flips. I, my executors or other representitives, waive and release all rights and claims for damages that I or my child may have against Flips and/or its representitives whether paid or volunteer. **If this account is referred to an outside collection agent or lawyer I am responsible for all additional fees. I know that there will be no credits for days unattended.** I understand this informed consent and have read the Flips Rules & Policies, and agree to their conditions on behalf of my child. **There will occasionally be times we give students **Freezer Pops** unless you indicate to us you do not want your child to have one**

Parent's Signature:_____

Medical Insurer:_____ **Date:**_____

Full Day Program Rates:

(Discounts available for additional weeks)

Regular Pricing

(as of June 1, 2026)

cancellation of pre-paid reservations are subject to 25% service fee

$300 1st full week
$280 any additional weeks
$280 2nd, 3rd child

No refunds for missed days or weeks

Daily Tuition Rates:

$75.00 per Full Day

$35.00 Registration fee per camper

$10.00 per day
Early Drop Off or Late Pick-up

week # 1	29 June	30	1 July	2	3
week # 2	6	7	8	9	10
week # 3	13	14	15	16	17
week # 4	20	21	22	23	24
week # 5	27	28	29	30	31
week # 6	3 Aug	4	5	6	7
week # 7	10	11	12	13	14
week # 8	17	18	19	20	21
week # 9	24	25	26	27	28

www.FlipKids.com
716•433•8811

Office Use Only

Registration: $35.00
Tuition:_____
Early Drop off: _____
Late pick up: _____
Total: _____

Flips Gymnastics & Sport Health Form

(716) 433-8811

FAX (716) 433-0676

Health Specifics			Comments
Are there allergies? **(specify)**	☐ Yes	☐ No	
Is medication regularly taken? **(specify drug & condition)**	☐ Yes	☐ No	
Is a special diet required? **(specify diet & condition)**	☐ Yes	☐ No	
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes	☐ No	
Are there any medical or developmental conditions requiring special attention?	☐ Yes	☐ No	

Additional information needed when dealing with your child:

Child's Name:_____ Age:_____

Parent's Name:_____

Parent Signature:_____