

Flips Bring A Friend Program

All Flips Students are encouraged to bring their friends to share in the fun of Gymnastics! Their friends will participate in class with gymnastics skills that are comparable to their level, easier skills for beginners, **limit of 2 friends per day**. If your friends have any questions about the class that they will participate in, please call **433-8811** or visit **www.FlipKids.com**. Please bring this form to the office before the class starts. **Friends may not come more than once at no charge.**

Flip Student's Name: _____ **Date :** _____

Friend's Name:: _____ **Age:** _____ **Phone: #** _____

Guardian: _____ **Email Address:** _____

Address: _____ **City:** _____ **Zip:** _____

Are there any limitations that your child may have that would affect them in participating in our Gymnastics Class? No _____ Yes _____ Explain: _____

Parent's Signature: _____

I realize by signing this that I have read and understand the waiver on the back and furthermore, that if the friend comes more than once, I will be billed \$25 for the class.

Class, Day and Time: _____

Flips Gymnastics & Sport, LLC Waiver

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 and 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 and possibility of injury involved, I consent to have my child(ren) participate in the programs offered by Flips Gymnastics & Sport, LLC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Flips Gymnastics & Sport, LLC and/or its representatives whether paid or volunteer. **If this account is referred to an outside collection agent or lawyer I am responsible for all additional fees.**