

Flips Gymnastics & Sport **Open Gym** Registration

Child's Last Name: _____ First Name: _____ Age: ____ D.O.B. : _____

Parents's Names: _____ Address: _____

City: _____ State: _____ Zip Code: _____

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

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 representatives, waive and release all rights and claims for damages that I or my child may have against Flips and/or its representatives whether paid or volunteer.

For Flip Floppers Open Play:

I understand that I am responsible for the supervision and safety of myself and my child during open play. **Open play time is for the children and not adults, I understand that I may be asked to keep off of the equipment.**

R & P Flips Gymnastics & Sport

- Every participant must wear socks. Bare feet are not allowed anywhere in the gym.
- Everyone entering the building must wear masks in lobby and maintain social distance of 6 feet.
- Every participant must stop at office to get temperature checked BEFORE entering the locker rooms.
- All participants must enter the gym through the locker rooms and may not wear outside shoes into our facility.

* How did you hear about us:	
<input type="checkbox"/>	Friend
<input type="checkbox"/>	Television
<input type="checkbox"/>	Web Site
<input type="checkbox"/>	Print Ad
<input type="checkbox"/>	Birthday Party
<input type="checkbox"/>	Other

Medical Insurer: _____

Parent's Signature: _____ Date: _____

R & P Flips Gymnastics & Sport

- Don't forget socks for your child. Bare feet are a breeding ground for germs and are not allowed. Girls should wear a leotard with or without spandex shorts. Boys should wear shorts (without belt or buckles) and T-shirt. Everyone can wear sweats or a warm up.
- All participants must enter the gym through the bathrooms and may not wear outside shoes into our facility.

Publicity Policy:

Flips Gymnastics submits articles, photographs & advertisements to electronic and print media. We may also make our athletes available to various broadcast media. The purpose for providing this information and access is to promote the individual gymnast and Flips, so as to provide the community with a better understanding of gymnastics and the role Flips plays in the community, to promote the sport of gymnastics and to promote Flips Gymnastics in particular. It is our policy that membership and participation in the class programs at Flips provides permission and approval for these submissions for all the athletes and families involved. **If you do not want your child photographed or interviewed, please contact the office in writing.**



*Life needs
Balance.*

*Through
Balance
we gain
confidence.*