Flips Gymnastics & Sport, LLC Registration 2021-22

Child's Last Name:	First Name:	Age:	_ Date of Birth:
Mom's Name:	Dad's Name:	Sc	hool:
Address:	City:		_ Zip Code:
Home Phone:	Emergency #:	E-mail:	
Are there any limitations the	hat would make it difficult for the in	nstructors to teach you	ur child ? YES NO
If yes please explain:			
			50 Years 1971-2021
	Tuitions are due <u>by</u> the fifth o	f the month	

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 Gymnastics & Sport, LLC. I, my executors or other representitives, waive and release all rights and claims for damages that I or my child may have against Flips Gymnastics & Sport, LLC 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.

Registration & Tuition

Tuition is due *before* the first of each month. Tuition is constant regardless of the number of classes in each month. The "Guardian" on this registration form is responsible for all fees for the registered child. There is a **\$15.00** late fee for tuition paid after the 5th of the month, After the 2nd late payment, student must enroll in EFT to continue classes. All checks returned by the bank for any reason will be charged a **\$25.00** service fee. An annual registration fee of **\$50.00** is due upon registering, which is valid for 1 year from the date it is first paid, regardless if the child attends every month. Flips Gymnastics & Sport, LLC accepts payments by cash, check, credit card, or "Flex Fit" card. ***Students with accounts that are past due will not be able to participate in class.**

Flips Gymnastics & Sport, LLC is not responsible for lost, damaged or stolen items, lockers are available, please use them. Flips Gymnastics & Sport does not require long term contracts, therefore we not required to refund your money.

Medical	Insurer:

Parent's Signature:_____

Flips Gymnastics & Sport, LLC Rules & Policies

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Missed Classes

We do not allow refunds or credits for missed classes, <u>for any reason</u>. *Make-ups due to gym closings are only available during the month in which the class was missed, they may not be carried over to the following month.* Flips Gymnastics & Sport, LLC reserves the right to limit class size and combine or close smaller classes.

<u>Class withdrawal</u>

Notifying the office is required when your child is withdrawing from our program for any length of time, i.e.: one full month or permanently. We have several full classes with waiting lists, other families would like your child's space in class. Any account left unpaid, the child will not be able to participate in class.

Observation

Observation is from Lobby only.

Entering the Gym

1. Gymnasts enter the gym through the bathroom/locker rooms, parents wait in the parent area only. Shoes are not permitted in the gymnastic areas. Cell phones may not be used in the gym.

2. In the bathroom each gymnast will wash their hands and place any objects they do not need in the gym in one of the allowable cubbies or lockers.

3. Gymnast will enter the gym the usual way and sit on the benches by the purple wall and wait for the instructor.

4. Gymnast rotate to their events where they will be assigned a certain apparatus and stay on that one apparatus until the rotation is over.

5. At the end of class, gymnasts will exit the gym through the bathroom.

Office Staff Only

Handbook

Amount	Paid:\$
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Pmt Type:_____Date:_____