

Flips Gymnastics & Sport Camp Registration 2024

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 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. **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.

Parent's Signature: _____

Medical Insurer: _____ Date: _____

Full Day Program Rates:

(Discounts available for additional weeks)

****EARLY BIRD PRICING****

(registered and paid in full-
all weeks by May 31, 2024)

\$250 1st full week

\$230 any additional weeks

\$230 2nd, 3rd child

No refunds for missed days or weeks

Daily Tuition Rates:

\$70.00 per Full Day

\$35.00 Registration fee per camper

\$10.00 per day

Early Drop Off or Late Pick-up



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

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) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (specify drug & condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (specify diet & condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional information needed when dealing with your child:

Child's Name: _____ Age: _____

Parent's Name: _____

Parent Signature: _____