

Flips Gymnastics & Sport Open Gym 2020-2021

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: _____

Observation

Everyone entering the building must wear masks in lobby and maintain social distance of 6 feet. Observation is from Lobby only until further notice.

Entering the Gym

1. Every participant must stop at office to get temperature checked BEFORE entering the locker rooms, those with a high temperature will not be allowed in the gym.
2. 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.
3. 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.
4. Gymnast will enter the gym the usual way.
5. I will drop my gymnast off and pick her/him up at the entrance to our building. Only 1 parent may enter the building when necessary, wearing a mask at all times, and maintain 6' distance requirement.
6. My gymnast will wear a mask to enter and exit the building and while using the bathroom.
7. Due to regulations, only one parent is allowed in the lobby viewing, there will be no seating at this time.
8. I will provide my gymnast with: hand sanitizer and water bottle (fountains will be off) Gymnast must carry all items in a clearly marked bag.
9. My gymnast will wash his/her hands and use the rest room before leaving home and as needed at the gym.
10. I will have my gymnast wash their hands throughly upon arriving back home and clean his/her bag.
11. I agree to keep my gymnast home if he/she or anyone in the family is coughing, has a temperature over 100 or any other Covid-19 symptoms.
12. I understand and agree that these procedures will change and evolve over time and that I will follow any new standards required by the State of New York and/or Flips Gymnastics & Sport.

Flips Gymnastics & Sport, LLC is not responsible for lost, damaged or stolen items: lockers are available, please use them.