



Flip For Me Gymnastics

Trial Class Form

For Office Use Only:

Date: _____ Class: _____ Time: _____



Child's Name _____ DOB _____ Age _____

Child's Name _____ DOB _____ Age _____

Child's Name _____ DOB _____ Age _____

Parent's Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

E-mail Address _____

Any medical conditions _____

How did you hear about Flip For Me Gymnastics? _____

I am fully aware of and appreciate the risks of catastrophic injury, paralysis, and even death, as well as damages and losses, associated with participation in gymnastics and other sports. I further agree that Flip For Me Gymnastics, it's owners, employees, staff, agents, and directors shall not be liable for any losses or damages occurring as a result of participation in a class or program.

I hereby give consent for Flip For Me Gymnastics to provide customary medical/athletics attention, transportation, and emergency medical services as warranty in the course of my participation at Flip For Me Gymnastics. I maintain and uphold Primary Health Insurance for my child and family who are participating at Flip For Me Gymnastics.

Blanket Waiver

Due to insurance regulations, every person entering the main facility must read the following waiver and sign below as an acknowledgement that he/she understands the following agreement.

I acknowledge that by participating in gym activities and/or by moving around in the gym, with it's equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I or any minors for who I am responsible for, incur an injury. By waiving the option to sue, I also hereby release Flip For Me Gymnastics and it's agents or employees from liability for such injury.

Date _____

Signature of Parent/Guardian _____

This form will be filed with my child's registration form