

Flip For Me Gymnastics Registration Application

Class Information:

Class Title	Class Time
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Start Date	Amount	Registration Fee	Total Due
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Student Information:

Students Name	Date of Birth
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Address	City
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State	Zip Code	E-mail Address
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Parent /Guardian	Home Phone	Cell Phone
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Occupation	Work Phone	Alt. Phone
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Emergency Contact	Phone	Relationship to Student
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Allergies or Special Needs

Gymnasts should have a medical exam before participating in classes. Both the gymnastics and the administrative staff should be made aware of any special needs your child may have.

Waiver:

I understand the nature of this activity and certify that my child is in good health, and in proper physical condition to participate in gymnastics. I recognize that gymnastics involves height and motion which may create the possibility of injury. I acknowledge the risks of this activity and allow, the above named, to participate in the activity. I hereby release "Flip For Me Gymnastics", Inc. and its employees from claims for injured which may be sustained while participating in any of our programs.

I understand that I am assuming all risks inherent in gymnastics known, or unknown, and am giving up my right to sue, "Flip For Me Gymnastics".

Parent /Guardian Signature: _____ **Date:** _____

Flip For Me Gymnastics Rules & Policies

Registration & Tuition

Each month\term tuition has 2 weeks pay period followed by **late fee of \$25.00** as per payment schedule (see website) and the student will not be permitted to attend class until Full Payment is received. Tuition is constant regardless of the number of classes in each month. The *Parent on this registration form is responsible for all fees for the registered child.

All checks returned by the bank for any reason will be charged a **\$35.00** service fee.

An annual registration fee of **\$40.00\student or \$50\family** is due upon registering in any class, which is valid for 1 year from the date of first class, regardless if the child attends every month. There's no prorated refund on annual registration.

All fees are non-refundable. Students with accounts that are past due will not be able to participate in class.

All terms are eight week terms.

For new enrollments (Term or Month) tuition is paid in full plus registration. First invoice\receipt will show prorated credits for free\missed classes. Any credits will apply to next tuition.

Missed Classes

In order to keep the quality of our programs high and the tuitions affordable, we do not allow refunds or credits for missed classes, **for any reason**. Missed classes may be "made-up" by scheduling a make-up. Students may attend another class time in their level based on availability. All make-ups must be phoned in to the office before the start of the class. There's no "Make-up" to another missed "Make-up".

Missing a class does not lower the cost of running our programs; therefore, make-ups may not be used in place of tuition. Make ups are not transferable to another student and must be made in the Month that the class was missed. "Flip For Me Gymnastics" reserves the right to limit class size and combine or close smaller classes. "Flip For Me Gymnastics" runs monthly and/or 8 week sessions year round. New students are welcomed any time.

Class withdrawal

"Flip For Me Gymnastics" computer system automatically bills all past due accounts on the 7th of the month. Notifying the office is required when your child is withdrawing from our program for any length of time, ie: one full month or permanently. You will be billed until we receive this information. Any account left unpaid, the child will not be able to participate in class.

"Flip For Me Gymnastics" is not responsible for lost or stolen items.

Parent /Guardian Signature: _____ Date: _____

Flip For Me Gymnastics

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

Minor form

In consideration of participating in any activity at Flip For Me Gymnastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue “Flip For Me Gymnastics”, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____

Printed name of participant

*PARENTAL CONSENT

AND I, the minor’s *parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I **WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

My or my child's photo/video may be used in promotional or display material that may appear in the gym, website or local publications. I will not hold “Flip For Me Gymnastics” liable for any issues that arise due to this photo/video being used. I understand that if requested, the photo/video will be removed immediately.

_____ Date: _____

Printed name of *Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

* Parent or Legal Guardian or Sibling or Caregiver or Adult Participant

5905 W. Wigwam Ave, Las Vegas, NV 89139
Office (702) 202-0020

Flip For Me Gymnastics

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

* Parent Participant form

In consideration of participating in any activity at **Flip For Me Gymnastics** I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue “**Flip For Me Gymnastics**”, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ Date: _____

Printed name of participant

Signature of participant

* Parent or Legal Guardian or Sibling or Caregiver or Adult Participant

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