



STUDENT REGISTRATION FORM

Student Name: _____ Birthday: _____ Age: _____ M or F

Student Name: _____ Birthday: _____ Age: _____ M or F

Home Address: _____
Street

City St Zip

Home Phone () _____

EMAIL: _____
PLEASE PRINT LEGIBLY

Mother Name: _____
First Last

Work phone () _____
Cell phone () _____

Father Name: _____
First Last

Work phone () _____
Cell phone () _____

Emergency Contact: _____

Phone () _____
Cell phone () _____

Relationship: _____

Special medical considerations: [] YES [] NO If yes, please list any considerations or limitations our instructors should be aware of. Please provide detail and use additional sheet if needed.

How did you hear about Flip n Twist Gymnastics:

- [] Newspaper [] Drive by [] Friend - Please list their name: _____ [] Television [] Other: _____

Photo Release: On occasion, Flip n Twist Gymnastics, LLC takes photographs of children participating in classes and other gym related activities. Flip n Twist Gymnastics, LLC reserves the right to use these photos in any media for the purpose including, but not limited to promotion and/or advertising.

Policies and Procedures: All parents, guardians, and children are required to follow Flip n Twist Gymnastics, LLC policies and procedures. A copy of the policies and procedures can be located on our website (flipntwist.com) or you can request a copy at our reception area.

WAIVER OF LIABILITY

As legal guardian of student(s) listed above and in consideration of Flip n Twist Gymnastics, LLC accepting my child in participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree to assume all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics activities, including but not limited to gymnastics classes, programs, lessons, or meets. I understand that potentially catastrophic injury, paralysis, or even death can result from improper conduct of these activities.

In consideration for allowing my child to use the facilities of Flip n Twist Gymnastics, LLC, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby covenant not to sue and forever release Flip n Twist Gymnastics, LLC, it's owners, officers, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction supervision or control of Flip n Twist Gymnastics, LLC.

I give permission to Flip n Twist Gymnastics, LLC and/or appropriate medical facilities to take whatever emergency measures as judged necessary for the care and protection of my child under the supervision of Flip n Twist Gymnastics, LLC. I further understand that in the case of a medical emergency, my child will be transported to a medical facility by the local emergency unit if the local emergency staff deems necessary. Any such transportation to a medical facility will be at my expense. I also understand that in some situations Flip n Twist Gymnastics, LLC staff will need to contact the local emergency resources before the parent(s), child's physician, and/or other adult(s) acting on the parent's behalf.

Continued on reverse side

Student Name _____

Student Name _____

Payment Terms

- Tuition fees are due on the 1st of each month.
- Each family is required to have a credit card or debit card on file.
- Any fees not paid by the 5th of the month will be assessed a \$10 late fee and the credit or debit card on file will be charged the account balance plus late fee. Payment not received by the 15th of the month may result in your child being dropped from Flip n Twist Gymnastics, LLC classes and you will still be responsible for 2 weeks of tuition costs plus late fee.
- We accept cash, personal check, Visa, MasterCard or Discover for payment. Returned check will be assessed a \$30 fee.
- Tuition fees are non-refundable.
- We offer auto payment via your credit or debit card on file to be processed on the 1st of each month.
- Cancellations: An **email notice (info@flipntwist.com)** of cancellation is required 2 weeks prior to the end of the month to allow new students to take your child's spot. Please note if a 2 week notice is not received via email, you agree to allow Flip n Twist Gymnastics, LLC to charge your credit or debit card for two weeks of tuition.

I have read and agree to all the terms listed.

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE SIGNED: _____

Auto Payment Consent

I authorize Flip n Twist Gymnastics, LLC to keep my signature and credit/debit card on file. I agree for Flip n Twist Gymnastics, LLC to charge my credit/debit card on the first of each month for the balance of my account.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Flip n Twist Gymnastics, LLC via email (**info@flipntwist.com**) of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date (which occurs on the first of each month). If the first of the month falls on a weekend or holiday, I understand that the payment(s) may be executed on the next business day.

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Signature: _____ Date: _____

(Revised 11/15/2017)

Office only

Trial Date: _____ **Class:** _____

Day: _____ **Time:** _____