



# Registration Form

## Participant Information

1<sup>st</sup> Student: \_\_\_\_\_ F M Birthday: \_\_\_\_\_  
 Last First

2<sup>nd</sup> Student: \_\_\_\_\_ F M Birthday: \_\_\_\_\_  
 Last First

3<sup>rd</sup> Student: \_\_\_\_\_ F M Birthday: \_\_\_\_\_  
 Last First

Medical, physical, or emotional problems? \_\_\_\_\_

## Family Information / Parent / Guardian / Billing Contact

Parent/Guardian: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
(We send special announcements and special offers via e-mail.)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Whom may we thank for sending you to Flip Starz? \_\_\_\_\_

### Acknowledgement of Risk and Waiver of Liability

I give permission for myself, child and any other family member to participate in Flip Starz Gymnastics Academy, LLC programs. I recognize that gymnastics, cheer, karate, ninja warrior and dance are inherently dangerous activities, and as such, carries with it an assumption of risk. Risks include but are not limited to: concussions, brain damage, breakage of bones, joints, fingers, spine and neck, paralysis; and death. I freely and voluntarily assume all risks inherent in my participation, my child's participation and any other family members' participation in these activities. I hereby agree to release and discharge Flip Starz Gymnastics Academy, LLC and its agents, employees, owners, or representatives from ANY AND ALL LIABILITY, CLAIMS, DEMANDS, CAUSES OF ACTION, LOSSES, DAMAGES, OR INJURIES to any person or property, including serious injury or death, that may result while preparing for or participating in Flip Starz Gymnastics programs. This waiver will be binding upon my heir(s), next of kin, estate, executors, and anyone claiming any rights on my behalf or my child's behalf. By signing below, I represent and agree that I have read this document and fully understand that this document relieves Flip Starz Gymnastics Academy, LLC of ANY LIABILITY, whether caused by my negligence, or by the negligence of Flip Starz Gymnastics Academy, LLC, or any of its agents, employees, owners, or representatives. In case of emergency, Flip Starz Gymnastics Academy, LLC has my permission to request medical attention for myself, my child or any other family member.

### Photo Consent

I hereby grant permission to Flip Starz Gymnastics Academy, LLC to take and use: photographs and/or digital images for use in news releases and/or marketing materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation. All prints/digital files shall be the property of Flip Starz Gymnastics Academy, LLC.

### Tuition Payments and Billing Information

I understand if the above named person(s) is enrolled in a program that has installment monthly tuition. I am continuously enrolled in the program and will be charged a monthly tuition until I submit a Drop Class Form request to Flip Starz Gymnastics Academy, LLC before the last day of the month. **Monthly tuition is due on or before the 1<sup>st</sup> of the month.** If my payment is not received on or before the due date, Flip Starz Gymnastics Academy, LLC will initiate electronic payments for any balances due on my account plus an addition \$10 administrative late fee. All currently enrolled students will be charged an annual registration fee of \$35 (one child) or \$50 (family) that will be posted to my account on the 1<sup>st</sup> day of your anniversary month. Flip Starz does not offer any refunds. All sales are final. If for any reason your payment is returned to Flip Starz, you will be charged a \$25 fee. This balance must be paid before your child can return to class. I understand that costs may vary due to my child being moved into a different class. Flip Starz Gymnastics Academy, LLC reserves the right to change any part of this agreement at any time.

Signature: X  I have read and completely understand all terms and conditions of this agreement. Date: \_\_\_\_\_

## Payment and Installment Information

**I would like automatic billing.** I understand that my credit/debit card will be charged on the 1<sup>st</sup> of the month for my balance and e-mail me my receipt.

**Credit Card Number:** \_\_\_\_\_ **Expires:** \_\_\_\_\_ / \_\_\_\_\_  
(For security reasons this portion of the document will be destroyed once the data is entered in our secure encrypted database.)

**I do not want automatic billing.** I will pay my account balance on or before the 1<sup>st</sup> of the month. I will pay in office, online or over the phone. If I do not pay my amount due before the 1<sup>st</sup> of the month, Flip Starz will initiate an electronic debit from my credit/debit card information that has been provided and a \$10 late charge will be applied and charged.

**I am registering for a program that is FREE or DOES NOT** have installment monthly tuition.

Signature: X  I have read and completely understand all terms and conditions of this agreement. Date: \_\_\_\_\_

- Trial \_\_\_\_\_
- Open Gym \_\_\_\_\_
- Clinic \_\_\_\_\_