

Flip For Me Gymnastics Registration. Waiver Application

(Office Use Only) Class Information:

Class Title	Regular Class(es) – Date/Time	Tryout Class Fee - Date/Time	
Start Date	Amount	Membership Fee	Total Due

Student Information:

1st

Students First and Last Name	Date of Birth	Gender
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2nd

Students First and Last Name	Date of Birth	Gender
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3rd

Students First and Last Name	Date of Birth	Gender
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Family Information:

Address	City
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State Zip Code Email address: **Please list the best email for communication & contact**

1st

Parent /Guardian Name	Home Phone	Cell Phone	Relationship to Student
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2nd

Parent /Guardian Name	Home Phone	Cell Phone	Relationship to Student
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Occupation	Work Phone	Alt. Phone
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Emergency Contact Name	Phone	Relationship to Student
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Allergies or Special Needs	Bring A friend Referral (enrolled student name)	How did you find out about us?
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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.

Parent /Guardian Signature: _____ Date: _____

Flip For Me Gymnastics Rules & Policies

Note for Team members: Students/Parents will follow signed team handbook agreement, fees.

Registration & Tuition

Initial _____ Payment for Session tuition is due on or before the last week of the previous session. A **late fee of \$25.00** will be assessed 24 hours after first scheduled class of the new session. The student will **not** be permitted to attend class until Full Payment is received. Monthly Tuitions (Pre-Team/Team) are due on the first of each month regardless of the number of classes in each month. Monthly student late fees assess on the 8th of the month, regardless of attendance of enrolled Pre-Team/Team students. The Parent/Guardian on this registration form is responsible for all fees for the registered child.

Initial _____ All Sessions are four week periods. See Session Calendar on website. For new enrollments (Session or Monthly) first tuition is paid in full plus registration regardless of start date. Adjustment/pro-rate charges will be made on 2nd Session or 2nd Month tuition if student did not start from beginning of Session or Month class. Continuing with 3rd Session or 3rd Month tuition, student should pay tuition according to "Flip For Me" Payment Schedule. No refunds for any reason.

Initial _____ An annual membership fee of **\$50.00 > add \$10.00 for each additional sibling** is due upon registering in any class, valid for 1 year from the date of first class, regardless if the child attends every month or not. There's no prorated refund on annual registration. Member's discount rates for all activities apply only if the student is currently enrolled in class and paying tuition per session/month at the time of activity. If there is a break after completing a paid session then that period of time is considered being a non-member and not eligible for member discounts.

Initial _____ All checks returned by the bank for any reason will be charged a **\$35.00** service fee. If returned, no further personal checks will be accepted going forward.

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

Initial _____ "Flip For Me Gymnastics" runs monthly and/or 4 week sessions year round. New students are welcomed at any time.

Student may stop attending after first 4 weeks (Session tuition) or first 30 days (Month tuition), even if they started in middle Per Session or Per Month tuition.

Missed Classes

Initial _____ 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 recreational classes may be "made-up" by scheduling to attend another class time in their level based on availability. There are no "make-ups" for missed make-ups under any circumstances. There are NO make-ups for monthly tuition classes as they are on set unchangeable schedules.

1. Absence from class **MUST** be reported by the parent via email or phone at least 1 hr prior to scheduled class.
2. Students account must be completely current. \$0 balance.
3. Make-ups should be scheduled to occur within 1 week of the absence. Each student is permitted 1 Make-up per 4 week session, regardless of number of classes they attend.
4. No exceptions are made unless there is a medical reason with Dr's note for proof, which needs approval from management.

Initial _____ 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. "Flip For Me Gymnastics" reserves the right to limit class size and combine or close smaller classes.

Initial _____ If student cannot attend a scheduled class due to "Flip For Me" activity (Example: hosting a meet, closing gym for a public holiday). A Make-up schedule will be created and set for all affected students; this is an additional make-up not counted against your account.

Class withdrawal

Initial _____ "Flip For Me Gymnastics" computer system automatically bills all accounts for each session or monthly billing cycle. Notification for withdrawal from any FFMG program in advance is required. Session students 1 week prior, Monthly students 1 month prior. Non-notified accounts that remain on billing cycle may be held responsible for tuitions incurred from enrolled classes.

I read and I fully understand the above terms of Registration and Tuition Policy

Parent /Guardian Signature: _____ Date: _____

Full Name _____

Communications, Social Media and conduct within the gym

Initial _____ 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.

Initial _____ A parent is required at all times onsite for students 6 years or younger. Flip For Me and any of its staff are not responsible for any minors while in 2nd floor viewing room or 1st floor lobby area.

Initial _____ Any children in the lobby or upstairs viewing area are to be supervised at all times by a parent or guardian. There is to be no running in the lobby or viewing area.

Initial _____ I agree to receive occasional emails from "Flip For Me Gymnastics" with activities and news (Email form does have an unsubscribe button to remove your address from receiving future email messages).

The following must be read and signed by the parent or legal guardian of all minor students or by the student if of legal age.

Waiver, Acknowledgement of Risk, & Medical Authorization:

As legal guardian of the above child(ren), I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and ninja. Being fully aware of these dangers, I voluntarily consent to the aforementioned child(ren) participating in any and all of Flip For Me' programs and activities and accept all risks associated with that participation. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction. I am also aware that the gym area is for participants only and that if I enter the gym, I am doing so at my own risk.

In consideration of allowing my child to use these facilities, I, on my own behalf and the behalf of my child, hereby assume all risks associated with the activities mentioned above and agree to hold Flip For Me, its staff or representatives harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with participation in gymnastics, tumbling, dance, ninja, open gym, camps, or in the course of any exhibition, competition or clinic in which he/she may participate or while traveling to or from the event. In the event of an emergency, I hereby release Flip For Me' staff or representatives to render temporary first aid to my child or children in the event of any injury or illness and if deemed necessary by Flip For Me' staff or representatives to seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance for the said child(ren) should Flip For Me' staff or representatives deem this to be necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Flip For Me. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I want to do my part to help Flip For Me keep my child(ren), teammates, the coaches, other families and everyone else at the gym as safe as possible during the Covid-19 pandemic. I will follow the protocol established by the gym for as long as it is in place regarding virus control. I have read, understood and agree to follow the following policies and procedures:

COVID-19/VIRUS WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Initial _____ I am aware of the ongoing COVID-19 global pandemic and various other ailments found in community environments. My child and my family have been healthy and do not pose a risk to other attendees or staff. No one I have been around has been diagnosed with COVID-19 and no one in my family is exhibiting any of the symptoms of COVID-19 identified by the CDC, which include: cough; shortness of breath or difficulty breathing; fever; chills; muscle pain; sore throat; and recent loss of taste or smell. If my child or anyone in my family develops any of these symptoms, or if I have a suspected or diagnosed case of COVID-19 or other contagious illness, I agree that I will not bring my child to participate in any class or come to Flip For Me.

Initial _____ I agree to follow all health & safety protocols implemented by Flip For Me, including those that are posted throughout the gym and those that are sent to me electronically. I acknowledge that these protocols may change at any time and I agree to abide by any and all such changes.

Initial _____ I understand my child and I must follow recommended guidelines for health and safety while within the gym and may be asked to leave if we do not comply with the guidelines.

Initial _____ I have carefully read and voluntarily sign this COVID-19 waiver of liability and assumption of risk agreement and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made. I am aware I am giving up valuable legal rights including the right to recover damages from the releases in case of illness, injury, death or property loss or damages including, for the avoidance of doubt and without limitation, exposure to COVID-19 and all illness, injury or death resulting there from. I understand that this document is a promise not to sue and a release of all claims and is binding on me, my heirs, family state, representatives and assigns. I agree to accept the risk from COVID-19 exposure and I accept that risk.

Medical Waiver continued.

Initial _____ I understand and acknowledge that Flip For Me cannot guarantee my safety or immunity from infections or illness. The mode by which COVID-19 is transmitted or how long it remains on surfaces or in the air is not entirely known. I fully understand and acknowledge these facts and the uncertainty of the virus and how it may impact my or my child's health. I knowingly and voluntarily assume all risks associated directly or indirectly with participating in any activity at Flip For Me. I knowingly and voluntarily waive and release Flip For Me and their respective directors, officers, employees, volunteers and agents (collectively, the ("Releases")), from any and all present and future claims of any type, including for any harm or loss, economic loss, personal injury, disease, death and property damage suffered by me or my child.

Initial _____ I have read and understand this acknowledgement of risk, waiver of liability and medical authorization and I voluntarily affix my name in agreement. All disputes that arise out of this agreement shall be submitted to mediation. If mediation is not successful in resolving all disputes arising out of this agreement, those unresolved disputes shall be submitted to final and binding arbitration under Nevada's rules of arbitration.

CHRONIC MEDICAL CONDITION(S) OF CHILD, STATEMENT

So that we may be aware of any and all possible medical and/or behavioral complications that your child may experience, we require you to **list them below**, followed by your signature. Please include allergies or any information we should know about.

Printed name: _____ Date _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE

SIGNATURE: _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE

WHAT TO WEAR

Boys or Girls may wear tucked in T-shirts and shorts OR Leotards for Girls. Any footwear for Ninja programs should be clean and changed to before entering the class. Absolutely, no entry in the gym with footwear worn outside. NO chewing gum or dangling jewelry. Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout. All students should have activity-appropriate footwear during class. Jewelry should not be worn during classes. **PLEASE LEAVE JEWELRY AND OTHER VALUABLES AT HOME.** This facility's staff will not be responsible for ANY items that may be lost or stolen.

ARRIVAL AND PICKUP

Be sure your student arrives 5 minutes before (no earlier please) his/her scheduled class time. Please pick up your student on time. Please inform us if you know you will be late picking up your student. Students picked up more than 15 minutes late may have a child care fee assessed. Instruct your student to wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please take into consideration that our students may include young children. Please drive slowly and carefully. Do not take a chance on your student running to and from your car.