

## 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:

1<sup>st</sup>  
Students First and Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2<sup>nd</sup>  
Students First and Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

3<sup>rd</sup>  
Students First and Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email address: \_\_\_\_\_  
**Please register your email address on our website: [Flip4m.com](http://Flip4m.com)**

1<sup>st</sup>  
Parent /Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

2<sup>nd</sup>  
Parent /Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Allergies or Special Nee \_\_\_\_\_ Bring A friend Referral (enrolled student name) \_\_\_\_\_ How did you find out about us? \_\_\_\_\_

*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 \_\_\_\_\_ Each Month\Session 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. Monthly 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.

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

Initial \_\_\_\_\_ An annual membership fee of **\$50.00 > add \$10.00 for each additional sibling** 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 or not. There's no prorated refund on annual registration.

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

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

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 classes may be "made-up" by scheduling a make-up. Students may attend another class time in their level based on availability. Parent should call in or email at least 1 hour prior date(time of regular missed class to announce absence and to schedule for a make-up class. Absolutely NO schedule of "Make-up" to missed scheduled "Make-up".

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 and must be made in the Session that the class was missed. "Flip For Me Gymnastics" reserves the right to limit class size and combine or close smaller classes. More details on "Missed class policy"

Initial \_\_\_\_\_ If student can not attend a scheduled class due to "Flip For Me" activity (Example: hosting a meet, closing gym for a public holiday). Student may request a make-up class, prorated credit to account or refund (only for that class). Hosting meets are usually on Saturdays and/or Sundays.

## Class withdrawal

Initial \_\_\_\_\_ "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.**

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

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name \_\_\_\_\_

## RULES TERMS AND CONDITIONS

### Flip For Me Return to Sport Safety Guidelines

Flip For Me is committed to keeping our families, students and staff as safe as possible as we start re-opening the gym. Below is the plan of action to create this environment in the gym.

Employee Guidelines	<p>Staff will follow illness policy including temperature checks and 24 hour wellness standard.</p> <p>Staff will wash/sanitize hands prior to classes and at regular intervals.</p> <p>Staff will have limited direct physical contact with children.</p> <p>Staff will be trained on procedures and prepared to enforce any distancing protocols.</p> <p>Staff will adhere to the PPE requirements and recommendations set by Nevada and the CDC.</p> <p>Employee travel will be monitored and isolation following travel will adhere to Nevada guidelines</p>
Building Preparation	<p>Facility staff will be on site to apply disinfect and sanitize in prep for return to work. Recommended products that are effective against COVID-19 will be used throughout each day.</p> <p>Doors that can be propped open will be. Door handles will be wiped/cleaned after uses.</p> <p>Hand Sanitizer stations throughout the building will be accessible and monitored for refill.</p> <p>Drinking fountains will be closed and students encouraged to bring water bottles. Lockers will be taken out of use.</p>
Entering the Building	<p>We ask that all athletes use restroom facilities and wash hands at home prior to coming to practice.</p> <p>Drop off/pick up encouraged. No more that 1 adult per athlete in the building.</p> <p>Masks are mandatory to wear in the lobby and viewing area.</p> <p>Everyone will be required to sanitize/wash hands upon entering the gym.</p> <p>If deem to be necessary, We'll be checking temperatures when gymnasts arrive- anyone with a temperature of over 100.4 will be asked to not attend that day.</p>
Traffic Flow Physical Distancing Facility Ratio	<p>There will be separate entrances and exits to control physical distancing and traffic flow. Lobby will have limited seating. Occupation will be limited and monitored to comply with Nevada guidelines. Parents that feel they need to stay and view will be told where to go, to control distancing and flow.</p> <p>Only athletes and staff will be allowed inside the gym area.</p> <p>At all times of the day- Flip For Me will stay well under our 50% capacity</p>
During Practice	<p>Athletes should have their own backpack or bag to carry with them during practices- coaches will let groups know what they need to keep on hand.</p> <p>Athletes will be reminded to sanitize/wash hands regularly.</p> <p>Stations and activities will be modified to allow safe distance between athletes.</p> <p>Chalk stations and spray bottles will be removed.</p>
Exiting the Building	<p>Everyone will use the designated exit from the building to control flow.</p> <p>Employees will begin applying disinfectant, sanitizing all areas immediately to get ready for the next group.</p> <p>If possible, parents should wait outside in the car for their athletes leaving the gym.</p>
Daily	Sanitation of lobby area and gym.

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 WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Initial\_\_\_\_1.I am aware of the ongoing COVID-19 global pandemic. 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 (or have exhibited in the last 14 days) 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, I agree that I will not bring my child to participate in any class or come to Flip For Me.

Initial\_\_\_\_2.I agree to follow all 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\_\_\_\_3.I understand my child and I must follow recommended guidelines for social distancing while within the gym and may be asked to leave if they do not comply with the guidelines.

Initial\_\_\_\_4.I will not visit Flip For Me within 14 days after (i) returning from a highly impacted area subject to a CDC Level 3 Travel Health Notice or (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice. I agree to regularly check the CDC Travel Health Notices including those listed at the following site: (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) before entering Flip For Me or participating in classes at Flip For Me.

Initial\_\_\_\_5.I agree to notify Flip For Me immediately if I believe that my child or anyone in the family is experiencing any symptoms of COVID-19 and/or has a suspected or diagnosed case of COVID-19 or have been exposed to someone diagnosed with COVID-19.

Initial\_\_\_\_I understand and acknowledge that Flip For Me cannot guarantee my safety or immunity from infection. There is no known vaccination for COVID-19. 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 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. .

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.

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. If I provide an email address on this registration, 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).

**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.

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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. 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. 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.