

FLIP-FLOP SUMMER REGISTRATION

CHILD'S NAME _____ **AGE** _____ **BIRTHDAY** _____

ALLERGY _____

CONTACT INFORMATION

PARENT'S NAME _____

ADDRESS _____ **CITY** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

EMERGENCY CONTACT _____ **PHONE** _____

AFTER SCHOOL IN JUNE!

2 FULL WEEKS - \$180.00 M-F 3:30-5:30 AGES 5+

WEEK #1

- 6/8- Back Handsprings!
- 6/9- Contests & Prizes!
- 6/10- Cartwheels & Handstands Everywhere!
- 6/11- Trampoline Day!
- 6/12- Acrobatics & Circus Tricks!

WEEK #2

- 6/15- Learn to Flip!
- 6/16- Boot Camp & Karate 101!
- 6/17- Trampoline Day!
- 6/18- Backwards Day!
- 6/19- Games!

CIRCLE FULL WEEK \$100.00 OR DAYS X \$20.00 EACH = \$ _____

"GYM & LEARN"

2 FULL WEEKS - \$180.00 T-F 9:00-11:45 AGES 3+

WEEK #1

- 6/9 -TUESDAY
- 6/10 -WEDNESDAY
- 6/11 -THURSDAY
- 6/12 -FRIDAY

WEEK #2

- 6/16 -TUESDAY
- 6/17 -WEDNESDAY
- 6/18 -THURSDAY
- 6/19 -FRIDAY

CIRCLE FULL WEEK \$100.00 OR DAYS X \$25.00 EACH = \$ _____

FLIP-FLOP FUN!

"LITTLE FLIPPERS" CIRCLE FULL WEEKS OR SINGLE DAYS.

WEEKS & DATES	FULL WEEK \$150.00	PAY BY THE DAY \$35.00 EACH	AMOUNT DUE
WK 3 JUNE 22-27 PIRATE	M-F	M T W TH F	\$
WK 7 JULY 20-24 PRINCESS	M-F	FULL WEEK ONLY	\$
WK 8 JULY 27-31 SUPER HERO	M-F	M T W TH F	\$
WK 12 AUG. 24-28 FLIP OUT!	M-F	M T W TH F	\$

CAMP FLIP-FLOP

"FINS CAMP" CIRCLE FULL WEEKS OR SINGLE DAYS

WEEKS & DATES	FULL WEEK, \$195.00	PAY BY THE DAY \$45.00 EACH	AMOUNT DUE
WK 4 JUNE 29-JULY 3 PRINCESS	M-F	M T W TH F	\$
WK 9 AUG. 3-7 CIRCUS	M-F	M T W TH F	\$
WK 12 AUG. 24-28 FLIP OUT!	M-F	M T W TH F	\$

WEEKLY CLASS SCHEDULE

CLASSES	FILL IN WEEKS	TOTAL DUE
Pollywogs & Tadpoles:		
Guppies & Minnows:		
Squid Squad:		
Sea Turtles:		
Sharks & Gators:		

NEW STUDENT SUMMER REGISTRATION FEE **\$15.00**

CAMPERS: ATTACH IMMUNIZATION HISTORY & COPY OF PHYSICAL EXAM.

WAIVER ON REVERSE SIDE MUST BE SIGNED! TOTAL BALANCE DUE \$ _____

*Flip-Flop Gymnastics reserve the right to cancel any summer programs due to low enrollment.

FLIP-FLOP GYMNASTICS SUMMER PROGRAMS
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the summer program at Flip-Flop 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-Flop 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

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 Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

_____ Date: _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

CONSENT TO PHOTOGRAPH

I HEREBY GRANT FLIP-FLOP GYMNASTICS PERMISSION TO USE MY PHOTO IMAGE OR MY CHILD’S PHOTO IMAGE FOR PUBLIC RELATIONS AND ADVERTISING PURPOSES.
THESE PHOTO IMAGES MAY BE USED ON BROCHURES, POSTERS, AND IN THE NEWSPAPER TO SHOW THE POSITIVE IMPACT THAT FLIP-FLOP GYMNASTICS HAS IN OUR COMMUNITIES.
I HEREBY WAIVE ANY RIGHT THAT I MAY HAVE TO INSPECT OR APPROVE THE FINISHED PRODUCT OR PRODUCTS OR THE ADVERTISING COPY OR PRINTED MATTER THAT MAY BE USED IN CONNECTION WITH THE PHOTOGRAPHS.
I GRANT THIS PERMISSION VOLUNTARILY.
PRINTED NAME OF ADULT _____
NAME OF CHILD _____
IF PHOTO IS OF CHILD, PARENT / GUARDIAN SIGNATURE _____

DATE _____