

**Flip-Flop Gymnastics Registration & Insurance Form**

P.O. BOX 1091 455 MAIN ST. DEEP RIVER, CT 06417 860-526-4132

**ALL FEES are DUE UPON REGISTRATION to reserve student's space in the class & are NON-REFUNDABLE**

Student's Name \_\_\_\_\_ Class \_\_\_\_\_  
Day \_\_\_\_\_ Time \_\_\_\_\_ Age \_\_\_\_\_

**\*WHEN REGISTERING FOR A CLASS YOU ARE COMMITTING TO THE ENTIRE SESSION & RESPONSIBLE FOR FULL PAYMENT.**

**Tuition:**  I. Paid in Full  II. Half the class fees plus registration. Second half before due date.

- We prefer check or cash. We also accept Debit, MC & VISA. Monthly payments available upon request. Processing fees will apply.

**Tuition:** \_\_\_\_\_ + **\$40.00 Annual Family Registration Fee = Total Paid:**

\_\_\_\_\_ **Balance Due:** \_\_\_\_\_

VISA\_MC # \_\_\_\_\_ EXP \_\_\_\_\_ SIGN \_\_\_\_\_

**PARENT NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**\*Parents/Guardian must come into the gym and fill out additional contact information on or before the first day of classes.**

\*I understand that tuition is due by choice of payment plan. A late fee applies if payment is not on time. I understand that when registering for a class, I am committing to the entire session and responsible for full payment. I (we) hereby authorize Flip-Flop Gymnastics to charge my Credit Card listed. This authority will remain in effect until all tuition is paid in full.

Parent/Guardian (or Self, if 18 yrs old or over) Initials \* \_\_\_\_\_

\* This is a legally binding agreement, which is intended to provide a comprehensive release of liability, but is not intended to assert any claims or defenses, which are prohibited by law. I am aware that in gymnastics, dance, fitness, as in any sport involving height and motion, the possibility of serious injury and/or paralysis or even death is present. By signing this release, I give up the right to bring a court action to recover compensation or obtain any other remedy for any injury to the above mentioned student(s), myself, or my property or for any death however caused arising out of participation in or observation of activities at the facility of Flip-Flop Gymnastics, LLC, now or at any time in the future. I represent and acknowledge that I have read this assumption of risk, release, and waiver of liability and fully understand each and every provision and that I am signing this agreement of my own free will.

Parent/Guardian ( Self, if 18 yrs old or over)\* \_\_\_\_\_ Date