

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. Automatic monthly payments available upon request. A \$10 processing fee will apply per charge.

Tuition: _____ + \$50.00 Annual Family Registration Fee (Due each September) = Total Paid: _____

VISA MC # _____ EXP _____ SIGN _____ Security code _____

I authorize Flip-Flop Gymnastics to AUTO CHARGE my CC for the second payment & include the processing \$10 fee.

I authorize Flip-Flop Gymnastics to AUTO CHARGE my CC for full amount & include the processing fee.

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)

*Sign _____ Date _____

