

**Flip-Flop Gymnastics Registration Form 381-14 Old Riverhead Rd. WH Beach,
NY 11978 Ph. (631) 288-2845 Fx. (631) 288-2834**

Child's Name _____ D.O.B. _____ Age _____

Parents Name _____ Email Address _____

Mailing Address _____ City _____ State _____

Zip _____ Home Phone _____ Cell Phone _____

Does your child have any known allergies and/or limitations? _____

How did you hear about Flip-Flop Gymnastics? _____

Class Day & Time _____

Please sign and date after reading the following: There is a yearly registration fee of \$25 which is good for the entire family. It is due each September at the start of the school year and runs effectively through August of the following year. Payment of your class in full will reserve your place.

Make-up classes allowed within the session and they MUST be scheduled in advance. Tuition is paid prior to the start of the first class. There are no refunds after the 2nd week of enrollment.

There is absolutely no calling out into your child's class. You are welcome to observe from the seating area but are asked NOT to interact with or instruct your child/children during their class.

I have read and understand the restrictions regarding refunds, the make-up policy and interacting with my child during his/her class. I fully understand and acknowledge that there are risks and dangers associated with participation in gymnastic activities and accept such risks and responsibilities for injuries or damages. I agree not to hold Flip-Flop Gymnastics or any of its instructors or employees liable for injury or damage which may occur to me or my child as a result of participating in classes or related activities. I hereby release, waive, discharge Flip-Flop Gymnastics Inc., its officers, directors, agents and employees from any and all liability to the restraints above while at Flip-Flop Gymnastics. ** For automatic recurring payments, please fill out request form to avoid making payments every 10 weeks.

Signature _____ Date _____

Payment Method Cash _____ Check# _____

Visa/ MC/ DISCOVER # _____ Exp. _____

Code# _____ BillingAddress _____