



Mother's Name _____
Address _____
City _____ Zip Code _____
Phone Numbers: Home _____
Work _____ Cell _____
Email Address _____
Employer _____

Father's Name _____
Address _____
City _____ Zip Code _____
Phone Numbers: Home _____
Work _____ Cell _____
Email Address _____
Employer _____

Guardian's Name _____
Relation to Gymnast _____
Address _____
City _____ Zip Code _____
Phone Numbers: Home _____
Work _____ Cell _____
Email Address _____
Employer _____

GYMNAST #1

Name _____
Birthday _____ M/F _____
CLASS _____

GYMNAST #2

Name _____
Birthday _____ M/F _____
CLASS _____

GYMNAST #3

Name _____
Birthday _____ M/F _____
CLASS _____

GYMNAST #4

Name _____
Birthday _____ M/F _____
CLASS _____

Terms of Service

WE ARE SWITCHING TO AN AUTOPAY SYSTEM.

Credit Card #: _____ Expiration Date: _____ CVC: _____

- WE NOW REQUIRE YOUR CREDIT CARD TO BE ON FILE. **YOUR CARD WILL BE RAN THE FIRST DAY OF EACH SESSION.**
- **IF THERE ARE NO FUNDS WHEN THE CARD IS RAN YOUR CHILD WILL BE AUTOMATICALLY DROPPED FROM THE CLASS.**
- **TO DISCONTINUE YOUR MEMBERSHIP YOU WILL NEED TO NOTIFY THE FRONT DESK TWO WEEKS BEFORE THE END OF THE SESSION OR YOUR CARD WILL BE RAN FOR THE FOLLOWING SESSION.**

Sign here to agree to all of the terms above _____

How did you hear about us? _____

Please return form with registration fee of \$ _____ to reserve your child's place.

Photos taken during class or instruction may be used on FlipzUSA web site or for advertising purposes unless indicated here _____.

Class sizes are limited. Please make sure to sign "Release of Liability" on back of the form.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY "AGREEMENT"

In consideration of participating in Flipz USA activities, I represent that I understand the nature of this activity and 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 that activity. I fully understand that this activity involves risk of serious bodily injury, to include permanent disability, paralysis, and/or death which can be caused by my own action or inactions; those of others participating in the event: the condition in which the event takes place; of the negligence of the "releasees" named below; and there may be other risk either not know to me or not readily foreseeable at this time. I fully accept and assume all such risk and responsibility for losses, cost, and damages incurred as a result of my participation in this activity. I hereby release discharge and covenant not to sue Flipz USA Gymnastics, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of the 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 causes or alleged to be causes in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operation and in the future agree that if despite this release, waiver of liability in assumption of risk, I or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save, or hold harmless any of the releases against loss, liability, damage or cost, whichever any occur as a result of such claim.

I have read the "Release and Waiver of Liability, Assumption of Risk and Indemnity" Agreement. I understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intent to be a complete and unconditional release of liability to the greatest extent allowed by law. I agree that if any portion of the agreement is held to be invalid that balance not withstanding shall continue in full force and effect.

Parental Consent

And I, the Minor's of Minors' Parent and/or legal guardian understand the nature of the above referenced activities and the Minor's or Minors' experience and capabilities and believe the Minor or Minors 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 or Minors' behalf(ves) makes a claim against any of the above damages or cost any releases may incur as a result of such claim.

Parent/Guardian/ Gymnast Name

Parent/Guardian/Gymnast Signature

___/___/___

Date