



STUDENT ENROLLMENT FORM

(Please Print)

5327 Jacuzzi Street, Suite 31, Richmond, CA 94804
 (510) 525-3313
 www.flipsandflops.com

Student Information				
First Name		Birth Date	Age	Gender
Last Name				
Any Restrictions or Special Needs				

	Parent / Guardian Information	Parent / Guardian Information
First Name		
Last Name		
Address		
City and Zip Code		
Home Phone #		
Work Phone #		
Cell Phone #		
Student Lives With <small>(check one or two)</small>		
Send Invoices To <small>(check one or two)</small>		
Email Address		

In case of a medical emergency or other situation requiring immediate action the parents/guardians are called first. If they are not available, please contact:

 Name Relationship Phone #

 Name Relationship Phone #

In an emergency, the persons named above are authorized to give permission for emergency medical treatment. If they cannot be reached, I authorize the staff of *Flips-n-Flops Gymnastics* to take such action as they deem necessary, including treatment by a physician, nurse, hospital or other facility.

If hospitalization is required, I want my child to be taken to:

(Hospital Name) (Initials)

I certify that my child has accidental medical insurance coverage. _____
(Initials)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

How did you learn about Flips-n-Flops? (If referred to Flips by one of our current students, please inform us of their name)

Office Use Only

Rev. 9/2008

Class Level: _____ Class Day: _____ Class Time: _____



**Waiver of Liability
and
Acknowledgment of Assumption of Risk**

I,

(Printed Name of Parent or Legal Guardian)

as the parent or legal guardian of

(Printed Name of Gymnast)

(birthdate)

am aware that participation in the sport of gymnastics is a dangerous activity involving many risks of injury and that mortal or serious accidents occasionally occur during participation in this sport. Possible injuries may include, but are by no means limited to, injuries to the spinal cord, back, musculoskeletal or neurological systems and consequences thereof including permanent physical or mental impairment.

In consideration for allowing the above named gymnast to participate in the sport of gymnastics and use the gymnastics equipment and facilities at *Flips-N-Flops Gymnastics*, I hereby agree, as the above named gymnast, or, the parent or legal guardian of the above named gymnast, to waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the sport of gymnastics at *Flips-N-Flops Gymnastics*. This release is intended to discharge in advance of any injuries the owners, officers, directors, employees, agents or representatives of *Flips-N-Flops Gymnastics* from and against any and all liability arising out of or connected in any way with gymnast's participation in the sport of gymnastics at *Flips-N-Flops Gymnastics*, even though that liability may arise out of negligence or carelessness on the part of the persons or entities listed above.

Knowing and understanding the risks inherent in the sport of gymnastics, I, nevertheless, hereby agree to assume those risks and to release and hold harmless all of the persons or entities listed above who through negligence or carelessness might otherwise be liable to me or my heirs or assigns for damages.

It is further understood and agreed that this Waiver of Liability and Acknowledgment of Assumption of Risk is to be binding on the heirs and assigns of the above-named gymnast or the heirs and assigns of his/her parent or legal guardian.

Because of the dangers of the sport of gymnastics, I understand the importance of ensuring the above named gymnast follows the coaches' instructions regarding techniques, equipment safety, instructions on equipment use, training, and all rules of *Flips-N-Flops Gymnastics*, and the importance of obeying these instructions and rules.

I HAVE READ AND THOROUGHLY UNDERSTAND THE SIGNIFICANCE OF THIS WAIVER OF LIABILITY AND ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND SIGN IT VOLUNTARILY AND KNOWINGLY AS TO ITS CONTENT AND INTENT.

Parent / Guardian Signature

_____/_____/_____
Dated

Printed Name

Phone Number



Child's Name _____

Gymnastics Policies
Effective January 2010

Please read through and initial each policy. Our objective is to define our policies clearly and concisely. If you have any questions regarding the policies below, please ask.

Registration Fee (____)

1. All students will be charged a registration fee. This fee renews every year on September 1.

Payment Policy (____)

1. **Tuition:** Tuition is paid monthly. Tuition is due **2 weeks** prior to the new month. Students not registered 2 weeks in advance of the new session are not guaranteed a spot in class and there is the possibility that the class will be cancelled due to insufficient enrollment.
2. **Auto-pay:** Families enrolling in auto-pay agree to have their monthly tuition deducted from their checking account on the 15th of the preceding month. Participants in the auto-pay program will receive a \$5 discount and are guaranteed a space in the same class.
3. **Refunds:** There are **NO** refunds for services such as classes, camps, or birthday parties unless cancelled or rescheduled by Flips-n-Flops Gymnastics.
4. **Discounts:** We offer several discounts including sibling, multiple class, service member, and early registration discounts. Only one discount is allowed per child with the exception of the early registration discount which is in addition to other discounts.
5. **Fees:** There is a \$35 service fee for any bounced check. There is a \$1 administrative fee for scheduling make-up classes.

Class Preparation (____)

1. **Warm-ups:** We ask that children arrive promptly at the beginning of class in order to warm up safely. Recreational and team students arriving more than 15 minutes late will not be allowed to participate that day and it will be considered an unexcused absence.
2. **Clothing:** Leotards, t-shirts, shorts (without buttons, zippers, or snaps), or sweatpants are all considered appropriate clothing. Students must be barefoot during class.
3. **Hair:** Long hair must be pulled back and secured during warm-ups and class. We advise parents to **not use barrettes, hair clips, knocker-balls or other decorative hair pieces** as they need to be removed for the child to safely perform gymnastics skills.
4. **Jewelry:** Do not wear rings, bracelets, watches, necklaces, or long earrings to class. Students are advised to wear stud earrings only if ears are newly pierced. Please leave all valuables at home as we are not responsible for lost or damaged items.
5. Once children enter the building they are to remove their shoes & socks, place them in cubbies, and wait for their instructor to pick them up for class. Parents are responsible for their children before and after class time. Students arriving more than 5 minutes before class must remain supervised in the waiting room.

Arrival and Pick-up (____)

1. Be sure your student arrives 5 minutes before his/her scheduled class time.
2. Pick your student up on time and please inform us if you know you will be late picking them up.
3. Students must wait inside the building and you should escort them from the building to your car. During peak times the parking lot is crowded. Please drive slowly and carefully and do not take a chance on your child running to and from your car.

Gym Safety (____)

1. Any gymnast who misbehaves during class will be asked to sit down in time out. If the situation continues, the child may not be allowed to continue class. We teach from a positive approach, but cannot tolerate potentially dangerous or disruptive behavior.
2. Parents, siblings, and visitors are NOT allowed on the gym floor or in the cubby room during class time. We have an observation room to allow you to watch your child while in class. Parents are welcome to drop off their children and pick them up no more than 5 minutes before and after class.
3. No one is allowed in the gym or on the equipment before or after class.
4. Observers should refrain from "coaching" their children while in class. If you need to remove your child early from the class, please speak with someone at the front desk and we will get your child for you.

Observation room (____)

1. Children not in classes are to be supervised at all times while in the observation room.
2. There is to be no yelling, running, gymnastics, ball playing, or other disruptive behavior while in the observation room.
3. Toys must be cleaned up and put away before leaving the observation room.

Class Changes (____)

1. Parents are able to change their class time once during a 2 month cycle. For each additional change, there is a \$10.00 administrative fee.
2. Written notice is required **30 days in advance** to discontinue auto-pay and/or to remove a child from a class so that we may offer their space to other clients.

Unexcused Absences / Excused Absences / Make-up Policy (____)

1. If your child is sick please call us a minimum of 2 hours ahead of class time to obtain an **excused** absence. If you are unable to speak with our office staff, it is ok to leave a message with your child's name, class, and time s/he will not be able to attend.
2. Failure to give notice of your child's absence for any reason will result in an **unexcused** absence and will not be eligible for a make-up.
3. Parents must contact the office to schedule a make-up class for an **excused absence**.

Photo Release (____)

1. Photos may be taken of classes in progress for use on our website and in other publications. If you would not like photographs of your child used, please contact the office.

I have read, initialed, and received a copy of the above rules. I realize my signature indicates understanding and acceptance of gym policies and is given as part of the consideration for services charged at Flips-n-Flops Gymnastics.

Parent/Guardian's Signature/Date

Print Student's Name/s



Name _____

Billing Authorization
Effective January 2010

I represent and warrant that if I am purchasing something from this facility or from merchants that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if online payment is made or auto-pay information is provided) this facility to charge my bank, or credit card account. I understand that a 30 day written notice is required to terminate billing and **I am responsible for payment whether or not my student attends classes until I notify this facility in writing to drop my student from classes.**

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

- I wish to participate in auto-bill at this time. I understand that this qualifies me for a \$5 early enrollment discount as long as I continue on auto-pay.
- I **do not** wish to participate in auto-bill at this time. I understand that this means I will not receive an early enrollment discount.

Signature

Date

Printed name

.....
Check one:

- Visa
- Mastercard

Card # : _____ Exp Date: _____ 3-digit code: _____

Billing address: _____
