

FIRST FLIPS GYMNASTICS

30500 B Carter St., OHIO 44139 PHONE: 440 - 498 - 1770 FAX: 440 - 498 - 1790
\$40 Registration Fee *per family* is due annually based on your registration date.

THERE ARE ABSOLUTELY NO REFUNDS OF CLASS OR REGISTRATION FEES...ONLY ONE DISCOUNT CAN BE USED.

MOTHER'S NAME: _____ E-MAIL: _____

HOME PHONE: _____ CELL PHONE: _____

FATHER'S NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

STUDENT'S NAME: _____ AGE: _____ BIRTH DATE: _____

CLASS CHOICE: 1ST _____ 2ND _____

STUDENT'S NAME: _____ AGE: _____ BIRTH DATE: _____

CLASS CHOICE: 1ST _____ 2ND _____

HOW DID YOU HEAR ABOUT US? _____ Referral Name: _____

Photo Release: Can we use your child's photo on our website or printed material? Yes _____ No _____

Medical Release (Please use this for ALL children enrolled)

Child's Name (s) _____ Date of last physical _____

Family Physician's Name _____ Physician's phone: _____

Please fill out this section BEFORE participation in any class activities. Explain "Yes" answers below.

Do you have, or have had any medical conditions that would limit your ability to participate in any activities while at TEGA? Y N

Are you currently taking any prescription or nonprescription medications or use an inhaler? Y N

Do you have any allergies? Y N

Explain "Yes" answers or provide pertinent medical info here: _____

Parent / Guardian signature _____ Date: _____

PARTICIPATION RELEASE

I/We, hereby give permission for my/our child (ren) to fully participate in **First Flips Gymnastics'** program. I understand that, as with any sport, there are certain inherent risks in gymnastics and related activities and that I, intending to be legally bound, waive and release The Elite Gymnastics Academy, Inc., its employees and officers, of all responsibility for any injury sustained by my child in connection with the program at The Elite Gymnastics Academy, Inc. or its facilities. This agreement extends to my heirs or executors who may not act in my behalf. Furthermore, I/ We give permission to transport my/our child (ren) to a nearby medical facility if reasonable efforts to contact us have failed. I/We also understand that credit will be given for medical reasons **only**, which must be verified by a Doctor's certificate.

Parent / Guardian signature _____ Date: _____

ADULT PARTICIPATION RELEASE

Please sign below if participating in "Mommy & Me" or "Family Fitness" class

I, the undersigned, understand that by participating fully in First Flips Gymnastics' program, as with any sport, there are certain inherent risks in gymnastics and related activities. I, intending to be legally bound, waive and release The Elite Gymnastics Academy, Inc., its employees and officers, of all responsibility for any injury sustained by me in connection with the program at The Elite Gymnastics Academy, Inc., or its facilities. This agreement extends to my heirs, or executors who may act in my behalf.

Signature: _____ Date: _____

CPU _____ STAFF _____ PAYMENT FORM _____ MOVED TO LEAD FILE _____ RESTORED _____ STAFF _____