



296 Summer Street Fitchburg, MA 01420
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Registration Form 2017 2018

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|-------------------|--|--|-------------|-----|
| Parent's Name | | | | |
| Address | | | | |
| City | | | State | Zip |
| Home Phone | | | Cell | |
| Email | | | | |
| Emergency Contact | | | Emer. Phone | |

Student Information

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|--------------------|---|---|---|----|-----|-------|-------------------------|-------|
| Name | | | | | M/F | DOB | | |
| Class | M | T | W | Th | F | PT/PS | Beg Int Adv Tumble Team | Time: |
| Medical Conditions | | | | | | | | |

| | | | | | | | | |
|--------------------|---|---|---|----|-----|-------|-------------------------|-------|
| Name | | | | | M/F | DOB | | |
| Class | M | T | W | Th | F | PT/PS | Beg Int Adv Tumble Team | Time: |
| Medical Conditions | | | | | | | | |

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|--------------------|---|---|---|----|-----|-------|-------------------------|-------|
| Name | | | | | M/F | DOB | | |
| Class | M | T | W | Th | F | PT/PS | Beg Int Adv Tumble Team | Time: |
| Medical Conditions | | | | | | | | |

General Information

| | | |
|-------------|---------------------|----------------------------|
| New Student | Previously enrolled | How did you hear about us? |
| | | |

Office Only

| | | | | | |
|------|------------------------------|--|---------|------|--------|
| Date | \$30 Registration Fee | | Check # | Cash | Online |
| | \$10 Summer Registration Fee | | | | |

Notes:

Policies

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| <p>Registration: A \$30 non-refundable membership fee is required at the time of registration. Membership fee is not deducted from student’s tuition. Students will not be allowed into any class without a ’17 – ’18 registration form completed by a parent or legal guardian and has paid the membership fee.</p> | Initial |
| <p>Tuition: Session fees are determined by a slot allocation, not by attendance. Therefore, all fees are due regardless of attendance. Tuition payments are non-refundable, except in the situation of a severe illness or injury. Requests for refunds in the above listed cases must be accompanied by a doctor’s note. Once you have registered for a class, it is assumed that you will hold that slot until exhibition. It is not necessary to “re-register” for each session. <u>However, a written notification is required in order to drop from the program, (sign a drop out card at front desk) or you may be responsible for paying your child’s tuition for the slot in the class.</u> There will be a \$25 service charge for any returned checks and a \$10 late fee for any payments made after the session is over.</p> | Initial |
| <p>Makeups: One make up class is allowed per session. All missed classes not made up within the session will be forfeited and will not be pro-rated to future sessions. Exceptions to the above are: scheduled holidays and snow days. Makeup classes need to be scheduled with the front desk.</p> | Initial |
| <p>Cancellations: Fliptastics Gymnastics reserves the right to cancel a class if less than 4 students are enrolled, as well as change of class instructor if necessary. Fliptastics Gymnastics reserves the right to cancel class due to inclement weather for everyone’s safety.</p> | Initial |

Waiver and Release

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|---|---------|
| <p>Gymnastics is an exciting and rewarding sport, but by the very nature of the activity, gymnastics carries the risk of physical injury. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used, of what landing surface exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, muscle pulls and sprains. The risk includes and always includes catastrophic injuries such as permanent paralysis and/or death. I agree to hold harmless Fliptastics Gymnastics, its owner, employees, volunteers and agents from any claims or liability related to an accident that may occur.</p> <p>I give Fliptastics Gymnastics permission to transport the student to the nearest hospital in the event of an emergency. I further consent to medical treatment, if necessary, if parent, legal guardian or emergency contact person can’t be reached.</p> | Initial |
|---|---------|

I have read and understand the above listed policies, waiver and release

| | | | |
|--|--|--------------------|--|
| <p>Parent or legal guardian signature</p> | | <p>Date</p> | |
|--|--|--------------------|--|