



5361 Lincoln Ave, Cypress CA

www.americanflipsgymnastics.com | americanflips@gmail.com | (714) 947 0191

FOR OFFICE USE ONLY

Trial: _____ Start Date: _____
Class Assigned: _____ Registration Paid: _____

REGISTRATION FORM

PARTICIPANT'S NAME: Last: _____ First: _____
BIRTHDATE: ____/____/____ SEX: F M
PARENT/GUARDIAN (if under 18): _____ Relation _____
PHONE: _____
E-MAIL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
EMERGENCY CONTACT: _____
Relation: _____ PHONE: _____
How did you hear about us? Friends Drove by Online Other _____

RULES AND POLICY AGREEMENT

(Initial all lines)

_____ **ENROLLMENT OBLIGATION:** : Parent/Guardian is responsible for making tuition payment on time and in full by each due date. Monthly tuition is due on the 3rd of each month and there will be a late fee of 10% after the due date. If tuition payments are not received by the 10th of the month, the student will be dropped from the class. We accept Cash/ Checks/ Credit or Debit cards (3% fee will be applied) and Zelle @6572202682.

Annual Registration Fees are due at the time of enrollment, renewed annually, and are non-refundable and non-negotiable in any circumstance. They cover your student's membership on a 12-month basis and are due the month before they expire. Registration Fees must be current for classes. Tuition is based on 4 weeks per month. If there are five weeks in a month, the 5th class is free. If you miss the free class, we do not give makeups for the missed free class.

_____ **DROP POLICY:** If you need to drop your child from the program, we must receive, in writing a notice either dropped off at the front desk or mailed BEFORE the next session. Any notice received after that date will have full tuition charges for the following month assessed.

_____ **CREDITS/REFUNDS:** All services rendered by American Flips are provided on a non-refundable basis. This includes, but is not limited to, registration fees, monthly tuition fees, private session fees, etc.

Once tuition has been paid, there are absolutely NO REFUNDS on classes for any reason. No exceptions. If a class is dropped for any reason-including but not limited to injuries-after one session is attended, no refunds, partial refunds, or credit will be given. In the case where tuition has been paid, but no classes have been attended, credit towards future use will be issued and retained on your family account.

_____ **MAKE-UP LESSONS:** Make-up classes can be scheduled BY APPOINTMENT ONLY on an AVAILABILITY BASIS ONLY. All make-ups must be scheduled in advance through the front desk.

*Exceptions for make-ups: when the gym is closed due to a holiday or gym event, the make-up is automatic and can be made up before the missed class.

1. Schedule make-up class with the front desk and inform which class student missed or will be missing. Make-up date must be scheduled after the missed class date.
2. Once the make-up has been offered, we go by a "TAKE IT" or "LOOSE IT" policy and we do not offer make-ups for make-ups.
3. Make-up classes may not be transferred to other children of the same family. Make-up classes may not be transferred to other children of another family.
4. Make-ups can be utilized as make-ups only while you are enrolled and current in monthly fees. Make-up classes cannot be made up upon re-enrollment. If you drop out of the program, you lose the make-up classes and there is no monetary compensation.
5. One make up class will be allowed every month. Make up classes will NOT be allowed to roll over to the following month. We do not issue credits or refunds on accounts for make-ups.

_____ **SAFETY:** No parents are allowed in the gym area, unless authorized by the office. There is a viewing area for all observers. Absolutely no students are allowed in the gym until their class starts. If your child is caught playing on the equipment or is in the gym without the supervision of a American Flips Kids Gymnastics employee, your child will be asked to wait in the waiting area. I, as a parent or guardian, understand that any injuries that occur before or after class time due to my negligence are my responsibility and American Flips Kids Gymnastics cannot be held accountable.

_____ **PARENTS:** All students are to be picked up/dropped off by the entrance to the gym. All viewing is to be done in the front gym, or on the benches in the waiting area. Students must be picked up on time, as they are not supervised once class is over.

_____ **ATTENDANCE:** Please be on time! Because warm-ups are essential to student's safety and they are done at the beginning of class. As a safety procedure, children arriving after warm-ups (15 minutes late) may be asked to warm up on their own.

Note: For health reasons, please ensure your children wash/sanitize their hands before and after class. Please do not send a child with any contagious conditions to a class or activity. (Bad cold, lice, skin disorder, etc.) In addition, all wounds on participants should be covered with fresh bandages when participating.

_____ **ATTIRE:** It is the parent's and student's responsibility that the student be properly dressed and prepared for class when he or she arrives.

1. For girls this includes: Leotard paired with tight or leggings.
2. Hair must be put up in a way that does not interfere with the student's performance.
3. No jewelry including necklaces, bracelets, rings, etc. are allowed to wear in the class. If a student come in wearing any jewelry, parent will be asked to take it off.
4. CLEAN socks are required inside the gym floor.

_____ **BEHAVIOUR:** For our beginning level students, socialization is as much a part of the experience as learning new skills. Students will be learning how to conduct themselves in a class setting. These skills are critical in order to facilitate a smooth-running and safe environment for all students. To reduce disruptions, please attend to your child's toileting needs before class begins.

_____ **FOOD OR DRINK:** Absolutely no food, chewing gum, candy or drinks are allowed in the Gym or Tumbling classroom. You may bring water in a spill-proof container.

I have read, initialed, and understand all the above policies.

Signature: _____ Date: _____



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LIABILITY WAIVER, PHOTO RELEASE, MEDICAL AUTHORIZATION

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

(Parent or guardian must sign this form)

I am aware that in addition to the usual dangers and risk inherent in the sport of Gymnastics, certain additional dangers and risks are present when using American Flips Kids Gymnastics. Facility's Gymnastics Equipment, Including, but not limited to, the danger and risk of falling, landing performing tricks and colliding with other gymnasts, staff media personnel and spectators, By signing this waiver, I freely except and fully assume responsibility for all such dangers and risk and the possibility of personal injury, death, property damage or loss resulting there from. In consideration of utilizing American Flips Gymnastics, Facility's Gymnastics Equipment and for other good and valuable consideration, I hereby agree as follows:

1. TO WAIVE ALL CLAIMS for personal injury and /or property damage that I may have against American Flips Kids Gymnastics, and it's directors, officers, agents, employees, contractors, representatives and any volunteers in any way associated with American Flips Kids Gymnastics. All of whom are hereinafter collectively referred to as "The Releases".
2. TO RELEASE THE RELEASES FROM ANY AND ALL LIABILITY for any loss, damage, injury, death, medical or other expenses that I may suffer or that my next of kin may suffer as a result of use of American Flips Kids Gymnastics Equipment or in my palpation in the sport of Gymnastics due to any cause whatsoever.
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASES from any and all liability for any property damage on personal injury to any third party, resulting from the use of American Flips Kids Gymnastics Equipment or by any participation in the sport of Gymnastics.
4. THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING upon my heir, next of kin, executors, administrators, and assign in the event of my injury or death.
5. I ADDITIONALLY AGREE not to take unreasonable risk while participating in Gymnastics and Trampoline, including but not limited to attempting skills or tricks that I am qualified to perform safely or causing any other participants/spectators unreasonable risk of harm.
6. I ADDITIONALLY AGREE that I shall follow correct safety procedures when using American Flips Kids Gymnastics Equipment. I understand that American Flips Kids Gymnastics retains the right to use any photographs, video-tapes, motions, pictures recordings or any other record of this event for publicity, advertising, or any legitimate purpose.
7. I HEREBY CERTIFY THAT I am eighteen (18) years of age or more. I am covered by my own insurance, and that I have read and understand this Release of Liability prior to signing it, and I am aware by signing this Release of Liability I am voiding certain legal rights which I or my heirs, next of kin executors administrators and assigns may have against the Releases.

(Initial) _____

ASSUMPTION OF RISK & MEDICAL TREATMENT AUTHORIZATION

Guardian or I, the undersigned parent does hereby grant permission for the above named participant to Attend American Flips Kids Gymnastics. I also authorize any necessary treatment by a qualified physician for my daughter/son, which they may sustain while at practice/ training. I would like them taken to a hospital for medical treatment, and hold American Flips Kids Gymnastics and it's representative harmless in their execution of this authority.

I further release American Flips Kids Gymnastics and representatives from any claims for injury or illness may be sustained as a result of their participation in this event. I acknowledge and understand that in participating in this event, there is a possibility they may sustain physical illness or injury in connection with his or her participation. I further understand and acknowledge that my daughter/son assume the full risk of physical injury by their participation and I further release the event location, American Flips Kids Gymnastics, as well as its representatives, from any claim for personal injury of illness that they may sustain during practice or training.

I understand and will be responsible for any medical bills that may be incurred on behalf of my daughter or son for physical illness or injury they may sustain during the practices / training. American Flips Kids Gymnastics reserves the right to send any participant to a hospital for diagnosis and treatment, the parent assuming full responsibility. I have read the above statement and agree in full to it's content.

I have read and understand this WAIVER OF LIABILITY, PHOTO RELEASE, ASSUMPTION OF RISK & MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

MEDICAL & INSURANCE INFORMATION

Insurance Company: _____

Policy # _____

List any Medications Currently taking: _____

Allergies: _____

Past injuries: _____

Physical limitations: _____

Parent/legal Guardian Signature: _____

Date: _____