

Flips Gymnastics & Sport, LLC Registration 2020-21

Child's Last Name: _____ First Name: _____ Age: _____ Date of Birth: _____

Mom's Name: _____ Dad's Name: _____ School: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Emergency #: _____ E-mail: _____

Are there any limitations that would make it difficult for the instructors to teach your child ? ☐ YES ☐ NO

If yes please explain: _____

* 1st choice Day/Class/Time: _____

* 2nd choice Day/Class/Time: _____

* Goals for your child: _____

Team Aspirations? ☐

☐ Please check to
give permission
for Flips to send
e-newsletters.

My child and/or I are aware that participating in the sport of gymnastics is a potentially dangerous activity. I assume all risks on behalf of my child associated with the participation in this sport, including, but not limited to, falls, contact with other persons and other reasonable risk conditions of this sport. All such risks to my child are known & understood by me. I understand this informed consent and have read the Flips Rules & Policies, agree to their conditions on behalf of my child. With the above in mind & being fully aware of the risks & possibility of injury involved, I consent to have my child(ren) participate in the programs offered by Flips Gymnastics & Sport, LLC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Flips Gymnastics & Sport, LLC and/or its representatives whether paid or volunteer. **If this account is referred to an outside collection agent or lawyer I am responsible for all additional fees.**

Supplemental Waiver Release

This supplemental release allows us to take your child's temperature and confirms you agree with the new procedures we must implement to keep your child safe and our gym open.

1. I will drop my gymnast off and pick her/him up at the entrance to our building. Only 1 parent may enter the building when necessary, wearing a mask at all times, and maintain 6' distance requirement.
2. My gymnast will wear a mask to enter and exit the building and while using the bathroom or at all time if he/she wishes.
3. Due to regulations, only one parent is allowed in the lobby viewing, there will be no seating at this time.
4. I will provide my gymnast with: hand sanitizer and water bottle (fountains will be off) Gymnast must carry all items in a clearly marked bag.
5. My gymnast will wash his/her hands and use the rest room before leaving home and as needed at the gym.
6. I will have my gymnast wash their hands thoroughly upon arriving back home and clean his/her bag.
7. I agree to keep my gymnast home if he/she or anyone in the family is coughing, has a temperature over 100 or any other Covid-19 symptoms.
8. I understand and agree that these procedures will change and evolve over time and that I will follow any new standards required by the State of New York and/or Flips Gymnastics & Sport.

I understand that the coaches and everyone at the gym will make every effort to maintain social distancing; but there are times when incidental contact and a narrowing of distance may occur. I understand that spotting is an essential part of training in order to keep my gymnast safe. I will allow my gymnast to be spotted when necessary. I also understand that I am allowing my gymnast to participate at Flips, knowing that it is impossible to keep him/her, myself or anyone that who enters the gym completely safe from exposure. I accept the risk. By signing below I indicate my acceptance of these risks and the rules and regulations listed on the back of this form.

Medical Insurer: _____

Parent's Signature: _____ Date: _____

Flips Gymnastics & Sport, LLC Rules & Policies

Registration & Tuition

Tuition is due ***before*** the first of each month. Tuition is constant regardless of the number of classes in each month. The “Guardian” on this registration form is responsible for all fees for the registered child. There is a **\$10.00 late fee** for tuition paid after the 10th of the month, **multiple month discounts will only be by EFT**. All checks returned by the bank for any reason will be charged a **\$40.00** service fee. An annual registration fee of **\$50.00** is due upon registering, which is valid for 1 year from the date it is first paid, regardless if the child attends every month. Flips Gymnastics & Sport, LLC accepts payments by cash, check, credit card, or “Flex Fit” card. Checks may be mailed to Flips and will be credited according to the postmark. **All fees are nonrefundable. *Students with accounts that are past due will not be able to participate in class.**

Missed Classes

We do not allow refunds or credits for missed classes, **for any reason.** *Make-ups due to gym closings are only available during the month in which the class was missed, they may not be carried over to the following month.* Flips Gymnastics & Sport, LLC reserves the right to limit class size and combine or close smaller classes.

Class withdrawal

Notifying the office is required when your child is withdrawing from our program for any length of time, i.e.: one full month or permanently. We have several full classes with waiting lists, other families would like your child’s space in class. Any account left unpaid, the child will not be able to participate in class.

Observation

Everyone entering the building must wear masks in lobby and maintain social distance of 6 feet. Observation is from Lobby only until further notice.

Entering the Gym

1. Every participant must stop at office to get temperature checked BEFORE entering the locker rooms, those with a 100 degree plus temperature will not be allowed in the gym.
2. Gymnasts enter the gym through the bathroom/locker rooms, parents wait in the parent area only. Shoes are not permitted in the gymnastic areas. Cell phones may not be used in the gym.
3. In the bathroom each gymnast will wash their hands and place any objects they do not need in the gym in one of the allowable cubbies or lockers.
4. Gymnast will enter the gym the usual way and go to his/her assigned spot (which will be at least 6 feet apart) where he/she will participate in warmups.
5. Gymnast rotate to their events where they will be assigned a certain apparatus and stay on that one apparatus until the rotation is over. Gymnast will use their hand sanitizer before going to next rotation.
6. At the end of class, gymnasts will exit the gym through the bathroom, after the next class has entered the gym.

Flips Gymnastics & Sport, LLC is not responsible for lost, damaged or stolen items, lockers are available, please use them. Flips Gymnastics & Sport LLC, does not require long term contracts, therefore we do not allow refunds. Int_____

Office Staff Only

Handbook



Amount Paid:\$_____Pmt Type:_____Date:_____