

# Flips Gymnastics & Sport Camp Registration 2010

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are there any limitations that the instructors should know when working with your child ? \_\_\_\_\_

If yes please explain: \_\_\_\_\_

**Does your child have any allergies:** ( if so, please list) \_\_\_\_\_

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. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Flips 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. I know that there will be no credits for days unattended.** I understand this informed consent and have read the Flips Rules & Policies, and agree to their conditions on behalf of my child.

**Parent's Signature:** \_\_\_\_\_

**Medical Insurer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Weekly Tuition Rates:

#### Non-Flips Student

\$175.00 1st week / \$170.00 add. week

\$150.00 additional child / \$145.00 add. week

#### Current Students

\$150.00 1st week / \$145.00 add. week

\$135.00 additional child / \$130.00 add. week

### Daily Tuition Rates:

\$45.00 per Full Day

\$35.00 per 1/2 Day (9-12:00)

### 1/2 day Tuition Rates:

\$140.00 per 1/2 Day all Week

\* A \$25.00 Camp Materials fee per camper

**ED - Early Drop LP - Late pick-up AM- for 1/2 days**

(Please note early drop off or late pick up times below)

week # 1	5	6	7	8	9
week # 2	12	13	14	15	16
week # 3	21	22	23	24	25
week # 4	26	27	28	29	30
week # 5	2	3	4	5	6
week # 6	8	9	10	11	12
week # 7	15	16	17	18	19
week # 8	22	23	24	25	26

**\$10.00 Early Drop or late pick-up**

**\$20.00 for both (per day)**

www.FlipKids.com  
716•433•8811



#### **Office Use Only**

Materials fee : \$25.00

Tuition: \_\_\_\_\_

T-Shirt Fee: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Early Drop off: \_\_\_\_\_

Late pick up: \_\_\_\_\_

**Total:** \_\_\_\_\_