THE FLIP SHOP REGISTRATION FORM

Athlete Information:

Name: ______________________________ Age: _____ DOB: __________ Sex: M/F Class: ____________________ Day: ________ Time: ______

Name: ______________________________ Age: _____ DOB: __________ Sex: M/F Class: ____________________ Day: ________ Time: ______

Name: ______________________________ Age: _____ DOB: __________ Sex: M/F Class: ____________________ Day: ________ Time: ______

Address Information:

Street Address: ______________________________ City: ____________________ State: _____ Zip: ________ Home Phone: __________________

Parent Information:

Mother: ______________________________________ Place of Emp: __________________________________ Cell Phone: _____________________
Father: ______________________________________ Place of Emp: __________________________________ Cell Phone: _____________________
Emails: ____ Athlete lives with: _________________________
Emergency Information-Name & Phone number & Relationship: ____

Health Information:

Does your child have any special medial needs we should be aware of? ____
Does your child have any other special needs to be aware of? ____
Family Doctor: ____ Phone: ________________________ Preferred Hospital: _____________________

Media Consent:

I authorize The Flip Shop to use any media material (pictures/videos) of my child(ren) for promotional and marketing purposes such as, but not limited to, social media, brochures, advertising, websites, magazines, and other various media outlets. _________ (initials)

PLEASE READ BEFORE REGISTERING FOR CLASS:

WARNING OF RISKS TO PARTICIPANTS

The Flip Shop is not responsible for providing primary medical accidental injury insurance on students enrolled. Parents are advised to provide adequate accident and medical insurance for the children enrolled at The Flip Shop. The Flip Shop will not be responsible for treatment or losses due to participation in activities before, during, and after classes, or due to any other activity connected with the center. PLEASE BE ADVISED THAT ANY ACTIVITY INVOLVING MOTION OR HEIGHT CREATE THE POSSIBILITY OF ACCIDENTAL INJURY OR DEATH. PARENTS AND PARTICIPANTS SHOULD BE AWARE THAT INJURY IS POSSIBLE IN CONNECTION WITH THIS OR ANY OTHER ATHLETIC ACTIVITY.

Payment Information

Session: __________________________
Membership Month: ________________
Annual Membership: $______________
Class Fees: $______________
Total Amount Due: $______________

Office Use only

PAID:

- ☐ Cash
- ☐ Credit Card
- ☐ Check

Check #: ______

I have read the above information and agree:

Signature of Parent or Legal Guardian: ____ Date: ___________________