

**FLIPTASTIC GYMNASTICS
& STARS ELITE CHEER**

2402 NW 38th Street, Lawton, OK 73505 (580) 595-9900 www.fliptasticcgym.com

This form is an enrollment form and a release form for Fliptastic Gymnastics, Inc. The term "student" from this point on shall represent any person of any age who is participating in any class or activity at Fliptastic Gymnastics, Inc. including Stars Elite Cheer Squads.

Name of Father: _____ **Father's cell #:** _____

Name of Mother: _____ **Mother's cell #:** _____

Home address: _____

Street City State Zip code

E-mail Address: _____. This will be used to contact you regarding important information. ie weathers closings, camps/clinics, meets, new classes etc.

NAME OF STUDENT: _____ **DOB:** _____ **Age:** _____

Name of Class: _____ **How did you hear about Fliptastic?** _____

In case of emergency who should we contact if we cannot reach you? _____

Family Doctor: _____ **Phone:** _____

Check One: _____ My child has been examined by a physician and found to be fit to participate in physical activities such as gymnastics, tumbling, pit play, climbing, activities on high bars and ropes, cheer, etc.

_____ My child has not been examined by a physician before entering the Fliptastic program and I assume full responsibility for injuries from existing conditions.

Please list any medical conditions or medication that we need to be aware of:

Please list any previous gymnastics experience: _____

The student attending the gym and using the facilities does so at their own risk. Fliptastic Gymnastics, Inc. shall not be liable for any damages arising from personal injuries sustained by a student or any person of any age who attends the gym with the student. The student and his/her parent assumes full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge Fliptastic Gymnastics, Inc., its staff, directors and officers, the employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of the students use of the gym and/or it's facilities. In the event that I am unavailable for purposes of providing parental consent, I hereby authorize the physicians and staff in the emergency, outpatient department of the hospital to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to my minor son or daughter, while my son or daughter in enrolled in any Fliptastic Gymnastics program. Said medical treatment may be given to my son or daughter without any further permission from the undersigned parent or guardian.

I do realize that gymnastics, tumbling and cheerleading involves some risk and that I will be contacted as soon as possible in the event that my child is taken to the hospital for treatment or is injured. I also understand that my child will be working on equipment that requires them to be off the ground, ie. the balance beam, vault, uneven bars, rings, high bar, climbing rope and/or pommel horse and that their training will require them to perform tumbling skills and flips. I will advise my child that there are strict safety guidelines regarding this equipment and usage of the inground, foam filled pit, that will be explained by the staff of Fliptastic and must be followed at all times.

I also consent to allow any images of myself and/or my child to be posted on the Fliptastic web site with the understanding that no last names or personal information will be posted on the site.

I know that there is a \$25.00 yearly fee due on my first month of enrollment and every 12 months after that. I have been informed that my tuition is due by the 25th of each month for the next month, and there is a \$10.00 late fee after that date. **I understand that tuition is a membership fee and is due in full regardless of how many classes my child attends.** This is based on 4 classes per month. There is no additional charge for months with 5 weeks. Classes missed due to illness, Holidays or weather closings will not be made up. I agree to pay tuition in full and on time regardless of how many classes are attended each month to insure my childs place in their class. There is a \$20.00 charge for all returned checks.

Signature of Parent: _____ **Date:** _____

FLIPTASTIC GYMNASTICS & STARS ELITE CHEER ENROLLMENT FORM

Name of Student: _____ Name of Class: _____

Date of enrollment: _____ Day & time of class: _____

1. The \$25 yearly fee is due with the first month of tuition and is good for 12 months, as long as you are enrolled for 12 consecutive months. If you drop out during that 12 months the fee is due again upon your return.
2. I agree to abide by the tuition schedule and understand that I must pay a \$10 late fee if full tuition is not received by the 1st.
3. Tuition is due in full every month regardless of how many classes you attended. Tuition is based on 4 classes per month. There are 4 extra weeks each year, therefore some months you will get 5 classes. This offsets any classes that you might miss during the year due to illness or Holidays.
4. There are no makeup classes allowed unless you have obtained a makeup class pass from Randy Boggs.
5. Please do not allow your children in to any of the practice areas prior or after their class. Students may only be in any practice area or on any mats/equipment during their scheduled class time AND with an instructor present. This policy is for the safety of your children and we appreciate your cooperation in keeping our athletes safe. This also applies to the lobby area. Please do not let your children climb on the bleachers, stand on the chairs, tumble or run around in the lobby area.
6. Any siblings or friends that accompany you to Fliptastic to watch your child's class must remain with you at all times. They can not be permitted to participate in the class or sit in the training area.
7. ABSOLUTELY NO CHEWING GUM IS PERMITTED INSIDE THE GYM PLEASE.
8. There will be a \$20 fee charged on all return checks. If we get a check back on you we will send one letter notifying you of the NSF check. If you have not paid it and the fee within 15 days it will be filed with the district Attorneys office for collection.
9. We offer both competitive and recreational classes. Please discuss your child's goals with them to decide which program is the best fit for them.
10. It is important for your child to use good listening skills in class and that they follow instructions well. This is critical for their improvement and for safety reasons. Please discuss this and all safety rules with your child so that they will have a better understanding of what is expected of them when they are at Fliptastic.
11. Fliptastic will be closed on New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas eve and Christmas day. Any others closings will be posted on our website www.fliptasticgym.com We will be open during spring break.

We are proud to offer the finest gymnastics, tumbling and cheer training in SW Oklahoma. Thank you for putting your trust in us and allowing us the opportunity of working with your child. We stress the importance of hard work and discipline while striving to attain their goals. With each new skill they learn, their confidence level will increase. This will carry over into all aspects of their lives – school, home, sports, work.....

I have read and understand all of the above policies and will strictly abide by them.

Signature of parent: _____ Date: _____

TUITION SCHEDULE:

All tuition is due by the 25th of each month as per the following schedule:

January tuition is due by December 25th.

February tuition is due by January 25th.

March tuition is due by February 25th.

April tuition is due by March 25th.

May tuition is due by April 25th.

June tuition is due by May 25th.

July tuition is due by June 25th.

August tuition is due by July 25th.

September tuition is due by August 25th.

October tuition is due by September 25th.

November tuition is due by October 25th.

December tuition is due by November 25th.

This payment system is to insure that each class stays within the limit of enrollments permitted for that age group and skill level. If tuition is not received by the 25th of the preceeding month we will drop that student from the roster. If you are moving please inform us of your last class date, in writing, so that we will know that spot on the roster is available. I have read and understand the above fee schedule. I agree to abide by this schedule each month and understand that my child will not be guaranteed a space in the class if tuition has not been paid when due. I also understand that it is policy that no student may attend any class unless all tuition and fees are paid up to date. This fee is based on 4 classes per month and there will be no additional charge for the months that have 5 weeks. I understand that tuition is due in full regardless of how many classes my child attends. There are no makeup classes for classes missed due to illness, weather, holidays or gym closings. The extra classes during the 5 week months are compensation for any classes missed for any reason.

Signature of Parent _____ Date _____

Thank you for allowing us to work with your child. We will make every effort to provide a safe, fun and welcoming environment for them so that they can learn and attain all of their skills and goals ☺

Randy and Kerrie Boggs