

THE FLIP SHOP REGISTRATION FORM

Athlete Information:

Name: _____	Age: _____	DOB: _____	M/F Class: _____	Day: _____	Time: _____
Name: _____	Age: _____	DOB: _____	M/F Class: _____	Day: _____	Time: _____
Name: _____	Age: _____	DOB: _____	M/F Class: _____	Day: _____	Time: _____

Address Information:

Street Address: _____	State: _____	Zip: _____	Home Phone: _____
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Parent Information:

Mother: _____	Place of Emp: _____	Work Phone: _____	Cell Phone: _____
Father: _____	Place of Emp: _____	Work Phone: _____	Cell Phone: _____
Athlete lives with: _____		Email Address: _____	
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: _____

PLEASE READ BEFORE REGISTERING FOR CLASS:

<p>WARNING OF RISKS TO PARTICIPANTS</p> <p>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.</p>

<p><u>Payment Information</u></p> <p>Session: _____</p> <p>Membership Month: _____</p> <p>Annual Membership: \$ _____</p> <p>Class Fees: \$ _____</p> <p>Total Amount Due: \$ _____</p>
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<p style="text-align: center;">Office Use only</p> <p style="text-align: center;"><u>PAID:</u></p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Check</p> <p>Check #: _____</p>
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I have read the above information and agree:

Signature of Parent or Legal Guardian: _____ Date: _____