

THE FLIP SHOP REGISTRATION FORM & MEDIA CONSENT

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 medical needs we should be aware of? _____
Does your child have any other special needs to be aware of? _____
Family Doctor: _____ Phone: _____ Preferred Hospital: _____

Consents:

- 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)
- I understand that all fees are non-refundable. _____ (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: _____

How did you hear about us?: _____