

# Tumbling Camp Registration Form

**Athlete Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Shirt Size:** \_\_\_\_\_

**Parents Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## 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 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.

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, website, magazines, and other various media outlets. **Initial:** \_\_\_\_\_

Do you acknowledge and accept the risk of exposure in our gymnastics facility to a communicable disease, included but not limited to Covid-19, and consent to attend camp?

Yes \_\_\_\_\_ No \_\_\_\_\_

I have read the above information and agree:

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

## For Office Use Only:

**Amount Paid:** \_\_\_\_\_ (Cash \_\_\_\_\_, Check # \_\_\_\_\_, CC \_\_\_\_\_)