



10556 Industrial Ave., Ste 130  
 Roseville, CA. 95765  
[www.flip2itsportscenter.com](http://www.flip2itsportscenter.com)  
[info@flip2itsportscenter.com](mailto:info@flip2itsportscenter.com)

**Student Information**

Child Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Child Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Ph.: ( ) \_\_\_\_\_  
 Mom's Name: \_\_\_\_\_ Mom's C#: ( ) \_\_\_\_\_  
 Dad's Name: \_\_\_\_\_ Dad's C#: ( ) \_\_\_\_\_  
 Mom's Email: \_\_\_\_\_ Dad's Email: \_\_\_\_\_  
 Are there any medical conditions to which we should be alerted? \_\_\_\_\_  
 How did you hear about us? (if word of mouth, from whom?) \_\_\_\_\_  
 Has anyone in your family previously been enrolled with us? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, approx. date/yr. \_\_\_\_\_

**Payment/Class Information**

T/O Class _____	Date _____	Annual Family Administration Fee:	\$ _____
Coach _____	Day _____	Tuition (per 4 week session. full payment required to reserve spot)	\$ _____
Time _____		Total Fees: (first session)	\$ _____
			\$ _____
T/O Class _____	Date _____	<b>Total:</b>	\$ _____
Coach _____	Day _____		
Time _____			
Program: _____	Class: _____	Day: _____	Time: _____
Program: _____	Class: _____	Day: _____	Time: _____
Program: _____	Class: _____	Day: _____	Time: _____

**Assumption of Risk \* Waiver of Liability \* Photo Release \* Medical Authorization**

I am aware there are inherent risks for potentially severe injuries including permanent paralysis or death when involved in sports or activities involving height and motion including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, team, camps or any other activity at Flip 2 It Sports Center. Being fully aware of these dangers, I voluntarily consent on behalf of myself and my child(ren) to the participation in any and all Flip 2 It Sports Center programs, camps, classes and activities I ACCEPT ALL RISKS associated with the participation.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, JTS Sports Services, Inc. dba Flip 2 It Sports Center, each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue a claim against you on my behalf (including the rights to subrogation). If, despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold you harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.

I have read and understand this Assumption of Risk, Waiver of Liability, Photo Release and Medical Authorization.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# GYM RULES

- 1) Payments: Payments are due by the 1st week of the sessions. Any Payments made after the 1st week of session will be charged a \$10.00 late fee. We will send invoices out about 2 weeks prior to the beginning of the the current session. Auto pay is available with Visa/MasterCard/Discover cards and is taken out the first day of the new session. This is the easiest way to avoid late fees and is hassle free!
- 2) Returned checks: We charge a \$20.00 fee for returned checks
- 3) Refunds: We do not give refunds for missed classes, missed sessions, etc. It is your responsibility to schedule make-up for classes missed.
- 4) Dropping Classes: If for any reason you wish to drop a class, we require a 30 day written notice. -Initial \_\_\_\_\_
- 5) Warm-Ups: For your child's safety, please arrive on-time. The warm-up is very important for your child's safety in preparation for class
- 6) Make-Up: Will be allowed for illness and vacations provided that the office is notified prior to the class commencement of the class to be missed. Make-ups must be made within one month of the absence and make-ups cannot be rescheduled. Only one make-up will be allowed with-in a 30 day period.
- 7) Holidays: If your child's class falls on a holiday where we are closed you may schedule a make-up day for that class.
- 8) Dress Code: Comfortable non-restrictive clothing: shorts & T-shirt or sweats is acceptable attire. \*\* Please be sure whatever they wear there are no zippers, snaps, buttons or jewelry. Make sure long hair is pulled back in a ponytail!!
- 9) Insurance Restrictions: Due to insurance restrictions and for the safety of your child, no one is allowed on the floor before without an instructor. When class is over, the gymnast must leave the floor area. Our insurance does not allow parents or non-registered students on the floor at anytime.
- 10) Schedule Changes: We will accommodate schedule changes provided there is space in the class you want to transfer to.
- 11) Safety: Children over the age of 6 are allowed to be dropped off; however, you must arrive prior to the end of your child's class. We are not responsible for children left after class is over. A fee will be charged to the parents if children are left unattended. Please remind your children that if they cannot find you to please see their coach or the front desk immediately. No child under 5 will be allowed to be left alone.
- 12) Floor Rules: No shoes, food, or drink allowed on the gymnastics floor.
- 13) Siblings: Siblings are only allowed to participate in the class they are enrolled in.
- 14) Parent Participation: A parent or legal guardian needs to be with the enrolled child at all times. Many of the skills require adult assistance.

I have read and fully understand all of Flip 2 It's Rules and Policies

Initial \_\_\_\_\_ Date \_\_\_\_\_