

Student's Last Name _____

FLORIDA FLIPS GYMNASTICS REGISTRATION FORM AND SIMPLE CONTRACT

Printed name of minor(s)	Gender	Date of Birth

Mother's Name _____

Father's Name _____

Address _____

City _____

Zip _____

Home Phone _____

Mother's Cell _____

Father's Cell _____

Cell number for text messages _____

Adult email address for account statements _____

Friend or relative in case of accident _____

Phone _____

MEDICAL HISTORY: General health Excellent Good Fair Poor

Family Doctor _____

Phone _____

Medical Insurance _____

Policy Number _____

Allergies/Medications/Past Injuries _____

Previous gymnastics experience _____

Enrollment Agreement

This Agreement executed the date shown below by and between Florida Flips Gymnastics, hereinafter referred to as FFG, and the Enrollee, who has caused his/her signature to be affixed hereto, thereafter referred to as Enrollee.

The Enrollee hereby engages and employs FFG to teach him/her the art of gymnastics and agrees to compensate FFG for instructional service rendered.

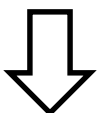
If Enrollee defaults in the making of any payment due, FFG, at its option, without notice or demand, may suspend Enrollee from classes and render the then unpaid balance immediately due and payable. If Enrollee stops participation in classes without notifying FFG, any credits are thereby forfeited by the Enrollee.

FFG, in consideration of said fee above, accepts and agrees to teach at its place of business during scheduled hours of instruction or during hours to be arranged between FFG and Enrollee the art of gymnastics.

The Enrollee acknowledges as explained to him/her by a FFG employee the procedures and exercises involved in gymnastics instruction and participation. The Enrollee understands that there is a risk of personal injury involved in said course of instruction and with this knowledge agrees to indemnify and save harmless FFG from all losses caused by accident or injury to the Enrollee in the event that the Enrollee is injured in any way during the performance and execution of gymnastics instruction. Because of the physical demands of gymnastics instruction, Enrollee understands that he or she must be in good physical condition to participate in said instruction and hereby certifies that he or she is in good physical condition.

Parent's signature _____

Date _____



Please complete other side to register

Consent Form

Minor Release and Waiver of Liability and Indemnity Agreement

(Read carefully before signing)

For Minor Participating As a Guest, Volunteer or Student

In consideration of being permitted to participate in any way in the Gymnastics Program indicated below and/or being permitted to enter for any purpose any restricted area (herein defined as any area where admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below gymnastics activity or event, he or she should inspect the facilities and equipment to be used and, if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation in gymnastics events and activities which could result in bodily injury, partial and/or total disability, paralysis and death.
 - b. The social and economic losses and/or damages which could result from these risks and dangers described above could be severe.
 - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but limited to the Releasees named below.
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We hereby release, waive, discharge and covenant not to sue the gymnasium or gymnastics facility used by the minor participant, including its owners, managers, promoters, lessees of premises used to conduct the gymnastics event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the gymnasium or gymnastic facility or events held at such gymnasium or gymnastics facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/We hereby acknowledge that the activities of the event(s) ARE VERY DANGEROUS and involve risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. Each of the undersigned further expressly agrees that the forgoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law in the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. On behalf of the Participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this WAIVER AND RELEASE. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

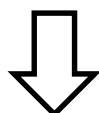
I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent or Guardian signature _____ Date _____

Address of minor(s) _____

City _____ State _____ Zip _____

Printed name of minor(s)	Gender	Date of Birth



Please complete other side to register