



## REGISTRATION FORM

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Mom's Name \_\_\_\_\_

Dad's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Work (Mother) \_\_\_\_\_ Work (Father) \_\_\_\_\_

E-mail \_\_\_\_\_ Mom Cell \_\_\_\_\_ Dad Cell \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby understand that I am responsible for the above registered child's monthly tuition which is to be paid by the 1st of each month. If tuition is not paid by the 10th of the month, I understand that I will be assessed with a \$20.00 per month late charge. I also understand that it is my responsibility to notify The Flip Factory in writing if the above registered child is going to drop from the program. I also understand there will be a \$30.00 charge for any NSF checks. Tuition is not refundable.

We, the undersigned, parents or legal guardians of the Applicant whose name appears above, recognize that there is a substantial risk of injury arising from the Applicant's participation in the programs of The Flip Factory, therefore in consideration of such Applicant's participation in the instructional and recreational programs of The Flip Factory do hereby agree to indemnify and hold harmless the said The Flip Factory, its officers, instructors, employees and representatives from any and all liability, loss or damage, including reasonable attorney's fees resulting from claims, causes of action, demands, costs of judgments against the said The Flip Factory, its officers, instructors, without limitation, any injuries illness or accident, to such Applicant's, arising from such Applicant's participation in any way in any program, course of instruction or travel with the said The Flip Factory. We further expressly give a member of the staff of The Flip Factory the power to consent to medical treatment during an emergency situation for health and safety of my child, in the event I/We cannot be immediately contacted.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

*Thank you for choosing The Flip Factory*

We at the Flip Factory are keenly aware of the influence coaches have on children, and promise to always respect that influence. Thank you for entrusting us with your children.

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www.flipfactory-pensacola.com

