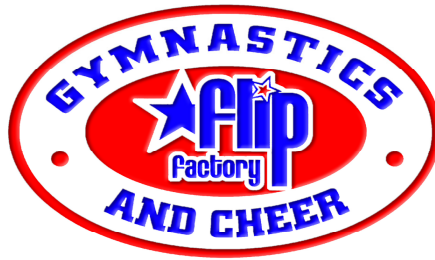


Child's T-Shirt Size (circle one)

YS YM YL AS AM AL



IT ALL STARTS HERE!

## 2012 Summer Camp Registration Form

Student's Name (First&Last) \_\_\_\_\_ Age: \_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

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

### Mother's Information

Name (First&Last) \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Work # \_\_\_\_\_ Email Address \_\_\_\_\_

### Father's Information

Name (First&Last) \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Work # \_\_\_\_\_ Email Address \_\_\_\_\_

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

### How did you hear about us?

Website     Gulf Coast Parent Paper     Drive by     Other

Referred by a friend? Whom may we thank:

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in *The Flip Factory* I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue *The Flip Factory*, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ Date: \_\_\_\_\_

**Printed name of participant**

### PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

\_\_\_\_\_  
**Printed Name of Parent/or Legal Guardian**

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

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



IT ALL STARTS HERE!

## 2012 Rules & Policies

**Please Initial next to each policy and sign at the bottom.**

\_\_\_\_\_ **Tuition:** *Weekly Camp* tuition is due on the 1<sup>st</sup> day of camp. When registering your child for camp: you are paying for a reservation and not your child's attendance. There will be no refunds for missed camp days. Missed camp days cannot be used in lieu of tuition.

\_\_\_\_\_ **Fees:** There will be a \$30.00 charge assessed for all returned checks. There will be no refunds on Camps.

\_\_\_\_\_ **Refunds and Credits:** Refunds and credits will not be given for the days that a child is absent except in extreme cases of emergencies; you must contact the office to request an exception. When registering your child you are reserving a space for your child even when your child is absent.

\_\_\_\_\_ **Lost or Stolen Items:** The Flip Factory is not responsible for any lost or stolen items brought into the facility. Your child will have a cubby each day; it is your child's responsibility to keep all of their personal belongings together in the cubby. Cell phones and electronics are not allowed in the activity area, we recommend that your child not bring these items to camp! Please check the lost and found basket in the lobby for left behind or misplaced items. The items not claimed in the lost and found basket are donated once a month to charity. Also, we are not responsible for lost or stolen money!

\_\_\_\_\_ **Lunch, Snacks & Drinks:** We are not responsible for providing lunches, snacks, or drinks. Except on Friday's, we will provide pizza for lunch at no additional cost. Please make sure your child has plenty of lunch, snacks and drinks for each day. There are vending machines on site to purchase snacks and drinks.

\_\_\_\_\_ **Potty Accidents:** If you think that your child may have a potty accident please send an extra set of clothes with them daily. In the event of a potty accident and the child does not have additional clothes; we will put a new pair of shorts (\$10) and t-shirt (\$10 if needed) on your child. At the time of pick-up you must pay for the clothes.

### \_\_\_\_\_ **Default-Collection Costs-Assignment Account**

We may sell, assign or transfer your account or any portion thereof without notice to you. Furthermore, if we refer the collection of your account to an attorney or collection agency to represent us with regard to recovery of money that you owe us, you agree to pay for all fees associated with collection of any amounts owed including attorneys fees, late fees interest and collection agency fees as permitted by law. We may delay enforcing or not enforce any of our rights under this agreement without losing or waiving any of them.

### **Emergency Release**

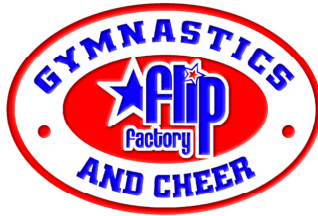
In the event of an emergency, I \_\_\_\_\_ the parent of \_\_\_\_\_ give permission for immediate first aid to be administered by a qualified member of The Flip Factory staff or other authorized personnel. If the situation should require medical attention, The Flip Factory staff will attempt to contact parent / guardians, as soon as circumstances permit, or the listed emergency contact person. The Gymnastics Director or another staff member will call the designated physician and/or local emergency unit for treatment and / or transportation to a medical facility. A staff member will accompany the child to the hospital and stay with them until the parent / guardian arrives. When a participant becomes ill / injured and does not require emergency care, he/she will be monitored by the staff. Parents will be notified and the child will be dismissed to parental care. I have read and understood this policy of The Flip Factory. \_\_\_\_\_ **(Initial here)**

Please remember for liability reasons, parents are never allowed in the gym area. Viewing is permitted in designated area (lobby). Please keep all non-participating siblings with a parent or guardian at all times. It is important to us that you and your child have a safe, fun and rewarding experience at The Flip Factory.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date



IT ALL STARTS HERE!

## Athlete Information Form

Child's Name \_\_\_\_\_

### Alternative Contact Information

**Contact 1**

\_\_\_\_\_  
First & Last Name Relationship to child

\_\_\_\_\_  
Phone Number(s)

**Contact 2**

\_\_\_\_\_  
First & Last Name Relationship to child

\_\_\_\_\_  
Phone Number(s)

**Contact 3**

\_\_\_\_\_  
First & Last Name Relationship to child

\_\_\_\_\_  
Phone Number(s)

Please list any medications your child is taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Allergies, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any additional people that may pick your child up:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

