

# STUDENT REGISTRATION FORM

## 2009-2010

Starting Month: \_\_\_\_\_ Reg Pd: \_\_\_\_\_ Tuition Pd: \_\_\_\_\_ Class: \_\_\_\_\_ Time: \_\_\_\_\_

**Flip Side Gymnastics (formally Generation Gymnastics)**  
**460 St. Peters Howell Road \* St. Charles, MO 63304**  
**636-928-1115**

STUDENT INFORMATION				Flip Side Gymnastics Release Form			
<b>PLEASE PRINT</b>							
CHILD'S NAME:							
ADDRESS							
CITY			STATE		ZIP		
PHONE#		AGE	DOB		M/F		
EMERGENCY CONTACT			PHONE#				
MOTHER'S NAME			CELL PHONE#				
FATHER'S NAME			CELL PHONE#				
DOCTOR'S NAME			PHONE#				
MEDICAL OR PHYSICAL LIMITATIONS							
Email:							
Sibling enrolled:			DOB				
Sibling enrolled:			DOB				
How did you hear about us? Please specify if referred			TODAY'S		other info		
			DATE				
<p>Flip Side Gymnastics provides a safe environment for you/your child. This does not, however, assure that you/your child will never be injured. I understand that gymnastics is a potentially dangerous sport in which serious injury, permanent disability or even death may occur. I fully understand and accept the risks involved for myself/child by participating in this type of sport. I understand dance can run the same risks as well.</p> <p>I hereby consent to have myself and/or my child/ward participate in any program offered by Flip Side Gymnastics. I agree that I, my child (adopted or otherwise) and my executors, waive and release all rights and claims for damages that I may have at any time against Flip Side Gymnastics, its employees or volunteers for any injury or damages in connection with any program or special activity related, but not limited to, gymnastics, dance, aerobics, and tumbling offered by Flip Side Gymnastics.</p> <p><b>By my signature I confirm that the above named person is in good health and authorize simple first aid to be given if necessary. I also consent to any medical treatment (x-ray, exam and medical/surgical diagnosis) which may be deemed necessary if I cannot be reached first.</b></p> <p>Parent's Signature _____ Date _____</p> <p style="text-align: center;"><b>GYM &amp; STUDIO RULES &amp; POLICIES</b></p> <ol style="list-style-type: none"> <li>1. Always be on time. It is very important to stretch muscles prior to working out.</li> <li>2. NO gum, candy, soda or food of any kind allowed in the gym or studio</li> <li>3. NO abusive or disruptive language will be tolerated.</li> <li>4. Please refrain from talking to you child during class and allow the teacher to manage your child's class. This avoids disruption to the classes in the gym &amp; studio.</li> <li>5. For safety reasons, there is to be NO hanging over the wall, leaning over the glass area or standing on the steps AT ANY TIME.</li> <li>6. NO ONE is allowed in the preschool area, the floor area or on any equipment prior to the beginning of each class. PARENTS ARE RESPONSIBLE FOR KEEPING THEIR CHILDREN OUT OF THESE AREAS.</li> <li>7. Parents may wait in the downstairs lobby or observe from the upstairs viewing area. PARENTS MAY NOT OBSERVE FROM INSIDE THE GYM OR STUDIO AREA OR IN ANY ENTRY WAYS! Observation week is at the end of the month for dance classes</li> <li>8. Gymnasts, Dancers, &amp; Cheerleaders may wait in the lobby area or upstairs prior to class. No one should be waiting in the preschool area.</li> <li>9. Proper attire required</li> <li>10. Respect all people &amp; things inside this building</li> <li>11. Stay focused, relax &amp; have fun!</li> <li>12. <b>I understand my child may be photographed while participating in classes at Flip Side Gymnastics which may be used for advertising purposes.</b></li> </ol> <p><i>By my initials I agree to all of the rules &amp; policies of Flip Side Gymnastics which I have now read and understand.</i></p> <p style="text-align: right;">Parent's Initials _____</p>							

### MAKE UP POLICY

*There are no refunds or prorating allowed for missed classes.  
 Prior notice of absence is required for all make-ups*

***Progressive/Tumbling/Cheerleading: 1 make up class per session in a non-full class. ALL ADDITIONAL MAKE UPS MUST BE DONE IN A SATURDAY MAKE UP CLASS WHICH WILL BE SCHEDULED EACH SATURDAY FROM 12:15 – 1:30. All make ups must be scheduled a minimum of 1 week prior to the date you would like to make up so that we are staffed accordingly.***

***Preschool: 1 make up class per session in a non full class. ALL ADDITIONAL MAKE UPS MUST BE DONE DURING OUR PRESCHOOL OPEN GYM WHICH WILL BE SCHEDULED FOR 1 SUNDAY PER MONTH.***

Tuition will not be credited, extended or refunded due to absences. Class needs to be missed before doing makeup!

Parent's Signature \_\_\_\_\_

**REGISTRATION FEE IS NON-REFUNDABLE AFTER THE 1<sup>ST</sup> 4 WEEKS OF CLASSES.**

Please Note: Each 10 week payment is due 2 weeks prior to the start of the next term to ensure your spot is secure.