

Program Registration

Flipshack (Operated by Monkey Business, Inc.)

ACCOUNT INFORMATION

Parent _____
Cell _____

Parent _____
Cell _____

Other Caretaker _____
Relationship _____
Cell _____

Home Phone _____

Email _____

Street Address _____

City _____ **Zip** _____

Insurance Co _____ **Military**

PARTICIPANT INFORMATION

Name _____
Male / Female _____ Birthdate _____

Name _____
Male / Female _____ Birthdate _____

Name _____
Male / Female _____ Birthdate _____

Name _____
Male / Female _____ Birthdate _____

Special circumstances:

INITIAL _____ MAKEUP POLICY

Whenever I miss class, I may schedule a makeup in another that has availability. The facility will close on Memorial Day, Labor Day, Thanksgiving Day, the day following Thanksgiving, and may close if School District 12 closes for weather. If I am affected by such a closure, I may schedule a makeup that's convenient for me or register for any special makeup session offered by Flipshack. I understand the following restrictions: 1) makeups must be scheduled within TWO WEEKS of an absence; 2) makeups are for ACTIVE members only (if I participate in a successive month, I will be charged in full, but given the two-week window for making up prior-month absences); 3) missed makeups without advanced cancellation may not be repeated; and 4) if there is no availability in other classes or if I inactivate my membership, I will be given an opportunity to attend open gym free of charge in lieu of my missed class.

INITIAL _____ ASSUMPTION OF RISK, WAIVER OF LIABILITY

I recognize that potentially severe injuries, including permanent paralysis or death can occur in activities involving height or motion, including but not limited to gymnastics, tumbling, urban-style movement, slack-lining, aerial circus arts, and inflatables in any of our programs including but not limited to classes, parties, field trips, open gyms, private lessons, clinics, parents' nights out, camps and special community events. I voluntarily consent to participate and/or voluntarily allow those minors listed above who are under my legal guardianship to participate in any and all programs conducted by Flipshack (operated by Monkey Business, Inc.), referred to hereafter as THE GYM, and I ACCEPT ALL RISKS associated with that participation. In consideration for using or allowing my child to use facilities of THE GYM, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE THE GYM, its officers, directors, shareholders, employees and other representatives, whether paid or volunteer, of all liability for any and all damages or injuries suffered by me or my child while under the instruction, supervision or control of THE GYM. I understand that it is a legal guardian's responsibility to warn his or her child about dangers of injury in a manner that he or she deems appropriate. I also give permission for photographs and videos of myself or my child to be used in print, electronic or broadcast media as deemed appropriate for the promotion of THE GYM.

INITIAL _____ PERMISSION FOR EMERGENCY MEDICAL TREATMENT / MEDICAL INSURANCE

I confirm that I (if participating myself) and/or the minors named on this registration form are in good health. I understand that THE GYM's staff members and volunteers are not medical practitioners of any kind. I hereby release THE GYM's staff members and volunteers to render temporary first aid to me or my child in the event of an injury or illness, and if deemed necessary by the THE GYM's staff to seek medical help including calling emergency medical services for me or said child. I agree to individually provide for all medical expenses, which may be incurred by me or my child as a result of any injury sustained while participating at THE GYM.

INITIAL _____ TUITION PAYMENT & REFUND POLICIES

Tuition is automatically deducted on the first day of each month via checking account or bank card. To cancel my membership, I will notify Flipshack five days or more prior to the next automatic deduction date. I understand that my registration fee is due at the time of registration and will recur annually on my start-date anniversary. THE GYM does not issue refunds or credits for missed classes or practices.

I understand and agree to the terms above, and if there are minors listed on this form, I state that I am their parent or legal guardian.

Signature: _____

Date: _____