

REGISTRATION FORM "A NIGHT OUT WITH THE OLYMPIANS"

Name:_____ **Age:**_____ **DOB:**_____

Parent/Guardian Name:_____

Phone Number:_____ **Alt. Number:**_____

Emergency Contact Name and Number:_____

Email Address:_____

T-Shirt Size:_____ **Home Gym:**_____ **Level:**_____

Mail Registration form and Payment to Mike Dutka at 31807 Forest Park Trail, Conroe TX 77385

Registration form postmarked by July 17th, 2017. \$20 late fee after the deadline.

OFFICE USE _____

Fun Day/Night at Flips Gymnastics

_____(Childs name) has my permission to participate in a Fun Day/Night at Flips Gymnastics. I, the legal guardian of the child named above, understanding the risk of serious injury from physical activities, voluntarily and knowingly execute this release with the express intention of waiving any and all claims against Flips-N-Fun Inc. , its staff, or instructors, arising from all physical harm which may result from any of the activities associated with gymnastics and related functions at Flips Gymnastics.

Parents signature _____

Address _____

Phone _____ Date _____

27320 Robinson Rd. • Conroe, Texas 77385
(281) 292-4407