

FLIP OUT FAMILY REGISTRATION FORM

Athletic Agreement

Flip Out, LLC
921 S. Railroad Avenue, Elkins WV
817-587-4925

Names of Students Enrolling:	Birthdate:
_____	_____
_____	_____
_____	_____
_____	_____

Parent or Guardian's Name: _____
Mobile: _____
email: _____
Name of Spouse: _____
Mobile: _____
email: _____

Home Phone: _____
Address: _____
City: _____ Zip Code: _____
Employer's Name: _____
Work Phone: _____
Spouse's Employer: _____
Work Phone: _____
Emergency Contact Numbers Name: _____ Relation: _____
Phone: _____ Name: _____ Relation: _____
Phone: _____
Primary Doctor's Name: _____
Medical Insurance Co. _____
Policy No.: _____

Anything we need to know about the students you are enrolling?

Eligibility: I agree for my children and I to comply with the rules of Flip Out.

Readiness for Participation: Athletes (those enrolled in the programs or classes) will only participate in classes, events, and activities for which they believe to be physically and psychologically prepared. Prior to participation, the athlete will have practiced exercises and will perform only those exercises that have been accomplished to the degree of confidence necessary to assure that they can be performed alone, and without injury.

Medical Attention: I hereby give my consent to Flip Out and/or the Host Organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of athlete participation.

As legal guardian of my designated student(s) (student(s)), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, swimming, martial arts, gymnastics, rock climbing, and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in the gymnastics activities and events. I further agree that Flip Out and the sponsor of any Flip Out event, along with the employees agents, officers, and director of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except, where such loss or damage is the result of the intentional or reckless conduct of the one of the organizations or individuals identified above.

Concussion Policy:

Any member of Flip Out with signs/symptoms/behaviors consistent with having a concussion will be removed from practice or any event for evaluation. It is required the head coach be notified. Signs that warrant immediate removal from the gym include: actual or suspected loss of consciousness, seizure, tonic posturing, ataxia, poor balance, confusion, behavioral changes and amnesia. Members will be removed from practice/play for that calendar day if concussion is confirmed or suspected. Members only return to play the same day if concussion is no longer suspected after medical evaluation*. *Even in such cases, consider next day follow-up assessment because initial symptoms may evolve over hours.

All Coaches and staff, upon hire, will be briefed in the CDC's guideline for concussion training for coaches with online video training referred to as, "HEADS UP."

Signature of Parent/Guardian _____ Date: __/__/__