

## REGISTRATION FORM



### FAMILY INFORMATION

Parent/s Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Cell Phone (Mom): \_\_\_\_\_ Cell Phone (Dad): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Address: If Different from above (street): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact (other than parent): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Does the student have any medical conditions or is taking any prescriptions to which we should be aware of? Yes No  
If Yes, place explain: \_\_\_\_\_  
\_\_\_\_\_

I understand that it is the intent of EPIC Gymnastics /EPIC Flips and Fun LLC to provide for the protection of myself and my child(ren), and safe gymnastics may involve hands on spotting to my child(ren). Initials: \_\_\_\_\_

I also understand that employees of EPIC Gymnastics are not physicians or medical professionals. I hereby agree that EPIC Gymnastics staff may render first aid to the students listed above in the case of an injury or illness, and if deemed necessary, seek medical help, including transfer (by ambulance) to a local hospital or medical facility for help.  
Initials: \_\_\_\_\_

## AKNOWLEDEMENT OF RISK AND WAIVER OF LIABILITY / ASSUMPTION OF RISK

I hereby consent to members of my family participating in the Epic Gymnastics / Epic Flips and Fun LLC programs and/or affiliate programs. I recognize that there is an assumption of risk when participating in sports, and understand that injuries including permanent paralysis or death can happen when participating in activities involving height and/or motion including but not limited to gymnastics and tumbling and trampoline activities. That said, I agree to make myself and my child/ren aware of the possibility of injury and encourage my child/ren to follow all the safety rules and the coaches' instructions as posted in the gym and as verbally instructed by staff members. I fully understand that Epic Gymnastics / Epic Flips and Fun LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow Epic Gymnastics / Epic Flips and Fun LLC staff to render first aid to me, or my children in the event of any injury or illness, and if deemed necessary by the staff to call our doctor and to seek medical help, including transportation by a Epic Gymnastics / Epic Flips and Fun LLC staff member or its representatives, whether paid or volunteer, to a health care facility or hospital.

I understand that it is the express intent of Epic Gymnastics / Epic Flips and Fun LLC to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release Epic Gymnastics / Epic Flips and Fun LLC, its officers, employees, affiliates, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Epic Gymnastics / Epic Flips and Fun LLC.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury as is clearly posted in the gym. I also understand that safe, professional instruction often includes hands-on spotting to my child. I permit Epic Gymnastics / Epic Flips and Fun LLC to use pictures of my child for its advertising/direct marketing/web promotions, and understand they will NOT use my child's full name in the aforementioned projects. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy. I have read and understand the general information on the back of this form.

### BACTERIA/VIRUS:

I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending Epic Gymnastics / Epic Flips and Fun LLC and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Epic Gymnastics / Epic Flips and Fun LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Epic Gymnastics / Epic Flips and Fun LLC employees, volunteers, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s or my attendance at Epic Gymnastics / Epic Flips and Fun LLC or participation in Epic Gymnastics / Epic Flips and Fun LLC programming.

Parent / Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Epic Flips and Fun, LLC  
G3650 Miller Rd  
Flint, MI 48507

## REGISTRATION FORM

# BILLING INFORMATION

### REGISTRATION FEES:

Annual registration fee \$40 for first child, \$15 for each additional child is required. Family max registration is \$55.

Initials: \_\_\_\_\_

### TUITION:

Tuition is paid on a monthly basis and will be prorated if enrolled after the 1st of the month. Tuition is due on the first (1<sup>st</sup>) of the month. All tuition is non-refundable.

Initials: \_\_\_\_\_

### DROP NOTICE:

I understand Epic Gymnastics requires a 30 day mandatory written class drop notice. A form must be completely filled out with the office. Tuition is due for the 30 days following the drop notice.

Initials: \_\_\_\_\_

### BILLING OPTIONS:

#### OPTION 1: Monthly Auto Billing ☒ \_\_\_\_\_

Please charge my credit/debit card on the 1<sup>st</sup> of each month for my balance due. I will receive an email copy of my receipt. I understand if I am enrolled in a class, I will continually be enrolled in this class and have a recurring monthly tuition, until a 30 day drop notice is received.

#### OPTION 2: Manually pay my balance each month \_\_\_\_\_

I acknowledge that I am responsible to make timely payments of my balances due on my Epic Flips and Fun account. I further acknowledge that if my payment is not received within five (5) days of the due date, I authorize Epic Flips and Fun to initiate electronic payments (for the credit/debit card in file for my account) for any balances due on my account PLUS an administrative late fee of \$20.00. Payments will be processed with the payment method/information shown above that will be kept on-file with Epic Flips and Fun. E-mail notifications will be sent any time a payment is processed if I have not opted out of e-mail communications. I acknowledge that this authorization will remain in effect until I notify the office in writing that the authorization should be terminated. If for whatever reason, payments cannot be processed with the above payment information and my account balance remains overdue, I understand that my enrollment in classes will be cancelled.

\_\_\_\_\_ I have supplied the office with the proper billing information.

**I have read the above information and have agreed to the terms of the agreement.**

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

Printed Name: \_\_\_\_\_