

Flippers Gym Program

2020-2021 Registration Form

1 st Child	1 st Choice	2 nd Choice
Name:	Class:	Class:
Birthdate:	Day & Time:	Day & Time:
Age:		

2 nd Child	1 st Choice	2 nd Choice
Name:	Class:	Class:
Birthdate:	Day & Time:	Day & Time:
Age:		

Please assume each child has been enrolled in your 1st choice class unless notified by our office

Parent's Name _____

Address _____ City _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

How did you hear about us? _____

Emergency Contact and Phone _____

Relevant medical information _____

In the event of a medical emergency and reasonable attempts to contact my emergency contact and/or me have been unsuccessful, I hereby give my consent for the administration of any medical treatment deemed necessary by a licensed doctor or dentist.

Acknowledged and Agreed:

Parent/Guardian signature _____

Date _____

PHOTO RELEASE

For valuable consideration received, I hereby grant to Flippers Gym Program the absolute and irrevocable right and unrestricted permission in respect of video or still imagery of me (or my child) or in which I (we) may be included with others, to use, and publish the same for advertising on the Official Website, Facebook, Google, etc. I hereby release and discharge Flippers Gym Program from any and all claims and demands arising out of or in connection with the use of the images, including without limitation any and all claims for libel or violation of any right of publicity or privacy. We will not tag anyone in the photo.

I give my permission _____

I do not give my permission _____