



# Summit Sports Center Registration Form

New	
Returning	
Recreational	
Team	

**\*\*Please read carefully. All information provided must be legible and accurate. All information provided will only be accessed by Flipdoctors Inc. DBA Summit Sports Center staff for appropriate customer service reasons.\*\***

**We communicate very important information through email. It is crucial your email listed is an account that you maintain frequently, and are able to receive monthly statements, schedules, and communication from us.**

How did you hear about us: Website \_\_\_\_\_ Signs \_\_\_\_\_ Parent Magazine \_\_\_\_\_ Birthday Party \_\_\_\_\_ Parent's Night Out \_\_\_\_\_

Other(Please Specify) \_\_\_\_\_

Referral from member currently enrolled (Please provide first & last name: \_\_\_\_\_

### FAMILY INFORMATION:

Parent Last Name: \_\_\_\_\_ Parent First Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Parent Last Name: \_\_\_\_\_ Parent First Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_ Email #2: \_\_\_\_\_

**Emergency Contact If Parents cannot be reached: Full name, phone #, relationship:** \_\_\_\_\_

### STUDENT INFORMATION:

1.) Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day/Time of Class: \_\_\_\_\_ School Child Attends: \_\_\_\_\_

Does your child have any medical conditions of which we should be aware? \_\_\_\_\_

2.) Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day/Time of Class: \_\_\_\_\_ School Child Attends: \_\_\_\_\_

Does your child have any medical conditions of which we should be aware? \_\_\_\_\_

3.) Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day/Time of Class: \_\_\_\_\_ School Child Attends: \_\_\_\_\_

Does your child have any medical conditions of which we should be aware? \_\_\_\_\_

4.) Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Class Name: \_\_\_\_\_ Day/Time of Class: \_\_\_\_\_ School Child Attends: \_\_\_\_\_

Does your child have any medical conditions of which we should be aware? \_\_\_\_\_

**Please see reverse side for Waiver & Release.**

**Please read carefully & initial each line!**



# Waiver & Release Form

\_\_\_\_ By nature, the pursuits of gymnastics, cheerleading and related activities carry the risk of physical injury. I recognize that severe trauma: including, but not limited to, permanent paralysis or death can occur in sports or any activity involving height and /or motion. These activities include, but are not limited to, all gymnastics related activities, tumbling, trampoline, dance, cheerleading and fitness. Mats, foam pits and other equipment are provided in many cases, as well as, active participation from an instructor; however, serious injuries may still be unavoidable.

\_\_\_\_ Being fully aware of these dangers, I hereby give consent for my child(ren)/self to participate in any and all Flipdoctors Inc. DBA Summit Sports Center activities, and I ACCEPT ALL RISKS associated with participation of any kind for any Flipdoctors Inc. DBA Summit Sports Center activities.

\_\_\_\_ I understand it is the parent's/legal guardian's responsibility to warn the child(ren)/self about injury risks, and I will encourage my child(ren) to follow all directions given by staff members, officers, directors, agents, shareholders, employees, contractors and volunteers.

\_\_\_\_ In the event of an accident or emergency, I hereby authorize my child(ren)/self to be transported to a hospital for medical treatment, and I hold Flipdoctors Inc. DBA Summit Sports Center, and James Swainston and their representatives harmless in the execution of such. Additionally, I hereby agree to provide for all medical expenses which may be incurred by me or any of my children, as a result of any injury sustained while participating in any activity at or for (regardless of location) Flipdoctors Inc. DBA Summit Sports Center.

\_\_\_\_ I fully understand that staff members are not physicians or medical practitioners of any kind. I hereby release Flipdoctors Inc. DBA Summit Sports Center, staff to render first aid to my child(ren)/self, in the event of any injury or illness. If deemed necessary by Flipdoctors Inc. DBA Summit Sports Center, we will seek professional medical help by calling a doctor, hospital, or ambulance for said child(ren)/participant. 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(ren)/self protection.

\_\_\_\_ Flipdoctors Inc, DBA Summit Sports Center/Powder by the Pound/James Swainston are not responsible for any damage to your vehicle or any personal property while on the premise of 2015 Johnson Industrial Blvd, Nolensville, TN 37135.

\_\_\_\_ Flipdoctors Inc. DBA Summit Sports Center frequently takes pictures of students around the gym for marketing purposes. Spectators frequently take pictures & videos of their children. Anyone that walks in the doors could potentially be in a picture or video available to the public on our website or one of our various social media accounts, whether on purpose for or inadvertently. By initialing, you are agreeing that you or your child could be in a picture or video for any purpose.

\_\_\_\_ In consideration of my child(ren)'s/self participation, I hereby (for myself, my child(ren) and our respective heirs and successors) COVENANT NOT TO SUE AND FOREVER RELEASE Flipdoctors Inc. DBA Summit Sports Center, James Swainston, their officers, directors, agents, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of any participation at or for Flipdoctors Inc. DBA Summit Sports Center, including those resulting from acts of negligence on the parts of Flipdoctors Inc. DBA Summit Sports Center, James Swainston, their officers, owners, directors, agents, shareholders, employees, contractors and volunteers. I have read and understand all of the Flipdoctors Inc. DBA Summit Sports Center. Waiver and Release Form, and I accept all risks and terms with my signature below:

Athlete/Participant Names  
printed: \_\_\_\_\_

Parent/Legal Guardian/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Regarding Fees & Tuition

\_\_\_\_\_ The annual membership fee of \$50 for one athlete with a max of \$200 for a family is paid upon enrollment and every year thereafter, on your original annual membership anniversary date.

\_\_\_\_\_ Tuition is due the 1<sup>st</sup> of each month.

\_\_\_\_\_ **If tuition is not received by the 15<sup>th</sup> of the month, a \$25 late fee will be assessed. On the 16<sup>th</sup> of the month if you have not paid your tuition along with the additional late fee, you will be dropped from your class, and your balance will be sent to a collection company. Please contact us by the 16<sup>th</sup>, if any issues arise, to prevent this action.**

\_\_\_\_\_ To discontinue any class we require a written notice **at least 30 days in advance** of your stop date. **You will be expected to pay** the monthly tuition until the **final day of enrollment, after the 30 day notice**. We will prorate when applicable. Students are automatically re-enrolled each month as a convenience to you, so to be kind to those on the waiting list, please notify us immediately if you plan to withdraw from a class.

\_\_\_\_\_ Sibling discounts are applied upon registration and are as follows: 2<sup>nd</sup>=20% off, 3<sup>rd</sup>=30% off, 4<sup>th</sup>=40% off, and 5<sup>th</sup> child is free. Discounts will be applied to the lowest tuition cost and will be applied in ascending order.

\_\_\_\_\_ A \$35.00 returned check fee will be assessed for all returned checks, as well as ACH or EFT payments

\_\_\_\_\_ There will be no make ups or prorating tuition for holidays.

\_\_\_\_\_ There will be no refunds or credits or transfers once tuition or registration fees or other fees for clinics, open gyms, parent's night out, camps or anything else has been paid, FOR ANY REASON. Even due to a gym wide shut down for any reason.

### WAYS TO PAY:

- Come in to the gym & pay with credit card, cash, or check
- E-check/ACH Draft from your bank account, Credit/Debit Auto pay or onetime payment through your Customer Portal

### Additional Policies & Procedures

\_\_\_\_\_ Enrollment is on a 1<sup>st</sup> come 1<sup>st</sup> serve basis.

\_\_\_\_\_ The registration form, annual membership fee, and monthly tuition must be complete before the athlete can participate in any recreational class, any training session, or team practice.

\_\_\_\_\_ Classes missed during the month will not be prorated. You have the opportunity to schedule **ONE** make-up class or open gym per month, for classes missed.

\_\_\_\_\_ Inclement weather: we will make the announcement through email, website, facebook, and mobile app. There will be no makeups or refunds/prorating/credits/transfers for inclement weather related gym closings.

\_\_\_\_\_ All class participants are expected to wear proper active wear. No baggy clothing, hair must be pulled back, no shoes/socks, no zippers or jewelry. We may remove a child from class if not dressed appropriately.

\_\_\_\_\_ Jewelry of any kind will not be allowed on the training floor or any equipment.

\_\_\_\_\_ Flipdoctors Inc. DBA Summit Sports Center., may take photos, videos or interviews, to use such media for purposes such as, but not limited to, marketing, advertising, newsletters, announcements, training books/videos, and anything web/social media related.

\_\_\_\_\_ If you have siblings waiting with you in the lobby while your child is attending class, please keep them under control and off any equipment.