

# FLIPTASTICS GYMNASTICS/CLEVELAND FITNESS

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## Client Information

Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

(circle one) Gymnastics, Tumbling, Advanced Tumbling, Dance Class, Cheer, Other \_\_\_\_\_

Class Day \_\_\_\_\_ Class Time \_\_\_\_\_

## Parent/Guardian Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Phones \_\_\_\_\_

## Emergency Medical Information

Emergency Contact Name:

(other than person listed above) \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Group # \_\_\_\_\_

Medical Problems/Allergies, Important Info: \_\_\_\_\_

Name of others who ARE allowed to pick up child: \_\_\_\_\_

Name of those NOT allowed to pick up child: \_\_\_\_\_

Any custody information we should be aware of: \_\_\_\_\_

**X** \_\_\_\_\_

Date \_\_\_\_\_

Signature of Client (Parent or Guardian if under 18 yrs of age)

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## OFFICE USE ONLY:

Annual Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Anniv. Date: \_\_\_\_\_

Mo. Class Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Mo. Due Day: \_\_\_\_\_

IR \_\_\_\_\_ SR \_\_\_\_\_ MR \_\_\_\_\_

Special Arrangements: \_\_\_\_\_

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Fees are due at time of registration in order to hold your spot.

Call 423-790-7440 or email [fliptasticsofcleveland@gmail.com](mailto:fliptasticsofcleveland@gmail.com) for more information.