FlipDunk SPORTS

<div style="border: 2px solid black; padding: 10px;">

Student Information   Today's Date:____/____/____

_____ _____ _____ ____/____/____ Home Phone:_____
                     Student #1 Name   Sex   Age   D.O.B

_____ _____ _____ ____/____/____ Home Phone:_____
                     Student #2 Name   Sex   Age   D.O.B

_____ _____ _____ _____ _____
☐ Address Change   Street   City   State   Zip   Email (Flip Dunk Sports use only)

Has this student or any sibling been enrolled at Flip Dunk Sports before?   No ☐ Yes ☐   Approx. Date:_____

Parent:_____ Cell Phone:_____

Guardian:_____ Cell Phone:_____

How did you learn about Flip Dunk Sports? _____

_____ **I UNDERSTAND THAT THERE ARE NO REFUNDS FOR MISSED OR UNUSED CLASSES.**
Initial

Gymnastics (9wks) $198(parent/tot 10% off)   Dance (9wks) $162

==Pay full price for a gymnastic class and get a Dance class %50 off. Pay full price for a dance class get a dance class FREE(same child)==

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Emergency Contact
In the event of an emergency and a parent/guardian cannot be reached, please call:
Name:_____ **Relationship to student:**_____
Home Phone:_____ **Cell Phone:**_____

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Class & Tuition Information

1st class ……. Class:_____ Day:_____ Time:_____ $_____
Student #1
2nd class ……. Class:_____ Day:_____ Time:_____ $_____

1st class ……. Class:_____ Day:_____ Time:_____ $_____
Student #2
2nd class ……. Class:_____ Day:_____ Time:_____ $_____

Annual Membership Fee $30- 1st child~ $30-2nd child~ $25 3rd child~ free 4th child. . . . . $_____

Student total per session. . . . . $_____

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