



Student Information

Today's Date: ___/___/___

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

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

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: M/T classes (9 wks) \$198, W/TH classes (10 wks) \$220, F/S classes (11 wks) \$242
Dance: M/T classes (9 wks) \$162, TH classes (10 wks) \$180**

*****No class Halloween, Thanksgiving, Christmas day, Christmas eve, New Year's Eve or New Year's Day***
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)**

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: _____

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. \$ _____