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) $189(parent/tot 10% off) Dance (9wks) $162

*****No class Halloween or Thanksgiving******

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. . . . . $_____