



224 North Main Street
 Bristol, CT 06010
 860-582-3547

SUMMER FUN CLUB REGISTRATION FORM

Child Name: _____ DOB: _____ Age: _____

Parent Name: _____ Email: _____

Address: _____ Zip Code: _____ Phone: (____) _____

EMERGENCY CONTACT INFORMATION (Local Friends or Relatives)

Name: _____ Cell (____) _____ Home (____) _____

Name: _____ Cell (____) _____ Home (____) _____

WAIVER: The individual listed above are physically able to participate in any active program; gymnastics, dance, or fitness classes hosted by FLIPS. I/We grant permission for my child to be included in evaluations and photographs for press releases or publicity, including the internet, for FLIPS.

YES _____ NO _____ PARENT SIGNATURE & DATE _____

ALL PAYMENTS ARE NON-REFUNDABLE. CREDITS ARE AVAILABLE. INITIAL & DATE _____

OFFICE USE ONLY

WEEK(S) REGISTERED: _____

REGISTRATION FEE PAID: _____ WEEK FEE: _____

DATE OF REGISTRATION: _____ STAFF: _____

TENDER: CASH / CHECK / CREDIT CARD _____

SUMMER REG. GIFT RECEIVED: Y / N PARENTS INITIALS: _____

ADDITIONAL INFO:

PROCESSED DATE: