



Try Out Prep Class Registration

Texas Flip Factory

Child Info	
Name	
Address, City, Zip	
Home Phone	
Parent Name	
Parent Cell	
Parent EMAIL	
Insurance Info	
Insured Name	
Insurance Co.	
Phone	
Group Policy #	
Insured #	

Registering for: Session 1—February 7, 14, 21, 28 (8:00-9:00 pm) Session 2—March 6, 20, 27 & April 3 (8:00-9:00 pm)	Check One <input type="checkbox"/> <input type="checkbox"/>
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I _____ am the parent/guardian of _____ (“my child”). My child has my approval to participate in the activities/programs held at/offered by Texas Flip Factory, LLC. I also fully understand that participation in activities/programs at Texas Flip Factory which involve cheerleading, dance, tumbling, breakdancing, etc. can result in injury, possibly minor, serious, disability or catastrophic in nature. I am aware of the dangers and hazards associated with these kind of activities and release the staff, owners and representatives of Texas Flip Factory, LLC of any responsibility for any injuries my child or children may experience while involved in activities/programs at/with Texas Flip Factory, LLC. I also understand that a program’s coach/instructor or other volunteer may not be able to prevent an accident from happening. I hereby attest and do verify that my child is physically fit to participate in the strenuous exercise that is required to be apart of the activities/programs at Texas Flip Factory, LLC. I fully understand that Texas Flip Factory, LLC or any staff members of Texas Flip Factory, LLC are not physicians or medical practitioners of any kind, with this in mind I hereby give my consent for the Texas Flip Factory, LLC staff members to render first aid to my child or children in the event of a illness or injury. I also give my consent if the Texas Flip Factory staff (or a representative of Texas Flip Factory, regardless of the person being a paid or volunteer) feel it necessary to seek medical attention by transportation of my child to a medical facility, to possibly include an emergency room, or to call for transportation by a ambulance should Texas Flip Factory staff deem it necessary. In case of an emergency, I give my permission to the emergency or medical staff to administer immediate treatment to my child should he/she be injured or sick. I fully understand that I am responsible for any and all expenses resulting from treatment.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:	_____
Date Received:	_____



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 Humble,
 Texas 77346

Phone: 281-548-FLIP (3547)