

Free t-shirt peadline: pecember 15th

9:00am-12:00pm

\$50,00

Yee includes free t-shirt if signed up by deadline. If you want a shirt but signed up after the deadline it will be an additional \$10.

Child's Name:	Age: T-Shirt Size:
Parents Names:	
Address:	
Phone Number:	Email:
The Flip Shop is not responsible for providinare advised to provide adequate accident and ill not be responsible for treatment or losse	RNING OF RISKS TO PARTICIPANTS g primary medical accidental injury insurance on students enrolled. Parents d medical insurance for the children enrolled at The Flip Shop. The Flip Shop s due to participation in activities before, during, and after classes, or due to

I authorize The Flip Shop to use any media material (pictures/videos) of my child(ren) for promotional and marketing purposes such as, but not limited to, social media, brochures, advertising, website, magazines, and other various media

HEIGHT CREATE THE POSSIBILITY OF ACCIDENTAL INJURY OR DEATH. PARENTS AND PARTICIPANTS SHOULD BE AWARE THAT INJURY IS POSSIBLE IN CONNECTION WITH THIS OR ANY OTHER ATHLETIC ACTIVITY.

I have read the above information and agree:	outlets.			
Signature of Parent or Guardian			Date	
Office Hee Only: Amt Boid: \$	(CK#	CVCH	CREDIT CARD)	