



**Basic Info:**

Athlete's Name: \_\_\_\_\_  
Name Pronunciation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian 1: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Parent/Guardian 2: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Emergency Contact (Other Than Above): \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Athlete's Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Medical Insurance Carrier: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medical Conditions/Disabilities: \_\_\_\_\_  
My Child May NOT Leave With: \_\_\_\_\_

**Liability:**

As the legal guardian of my designated athlete(s), I hereby consent to all athlete(s) participating in Flight Athletic Academy's programs. Flight Athletic Academy will not be held responsible for any viral transmissions. I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my athlete(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's programs from all liability and for any and all damages and injuries suffered by my athlete(s) during instruction, supervision and/or control during any and all classes, practices or extra activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/Video Release:**

I authorize Flight Athletic Academy to utilize any photos/videos that feature my child or the likeness of my child's voice on social media or any other forms of marketing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**General Policies:**

I have read all of Flight Athletic Academy's general policies. I understand/agree to them.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CHOOSE ONE AUTO-PAY OPTION:**

**Auto-Pay:** I authorize Flight Athletic Academy to auto charge my card on file.  
Parent/Guardian Signature: \_\_\_\_\_

**NO Auto-Pay:** I DO NOT authorize Flight Athletic Academy to auto charge my card on file. I will manually pay with cash/check in the office or with card online by the 1st of each month.  
Parent/Guardian Signature: \_\_\_\_\_

**Payment Policy:**

A non refundable insurance fee of \$40 is charged at the time of registration and then again each year on the enrollment anniversary. Installment payments will be charged prior to the 1st of every month/quarter. If you do not wish to enroll in auto-pay, tuition must be paid by the 1st of each month/quarter. If payment has not yet been received by the 9th, FAA has the right to apply a \$15 late fee. There will be a \$25 fee applied to your account for all returned checks. Sessions are divided into equal installment payments to be paid at the beginning of each month/quarter. **This means that the same payment is due regardless of the number of classes in a particular month/quarter.** There is no refund, reduction in tuition, nor a credit towards another month/session for missed classes. Once an installment payment is made, it is non refundable. **Failure to pay account balances by the end of the month will result in your athletes immediate removal from their class.** Your signature on this form indicates that you agree to all of Flight Athletic Academy’s payment policies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Withdrawal Policy:**

Withdrawal from any of Flight Athletic Academy’s programs must be done **before the first of the month** using the Unenroll button on the Contact Page of our website or via the parent portal, or else charges will incur on your account. Your signature on this form indicates that you understand and agree to this withdrawal policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

**Installment Payments:** Monthly Installments / Quarterly Installments

**Annual Insurance Fee Charge Month:** \_\_\_\_\_

**T-Shirt:** Received Parent/Guardian Signature: \_\_\_\_\_

**Exhibition:** Uniform Size: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_