FLIGHT ATHLETIC ACADEMY

Registration Form: August 2026-July 2027

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: _____

Please list any extenuating circumstances or specific individual(s) who are **NOT** authorized to pick up your child. *Leave blank if none.* _____

_____

Liability:

As the legal guardian of my designated athlete(s), I hereby consent to myself and 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 (including death) 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. **X_____ *(Initial)*** 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: _____

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Please Flip Page To Sign The Reverse Side ➜

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Behavior Policy and Zero Tolerance Agreement:
We are committed to maintaining a safe, respectful, and supportive environment for all athletes, staff, and families. By signing this form, you acknowledge and agree to the following:

Zero Tolerance for Aggression and Bullying: Any form of aggressive, violent, threatening, or out-of-control behavior - whether physical, verbal, or emotional - will result in immediate removal from the program. This includes bullying, harassment, intimidation, or any behavior that compromises the safety or well-being of others. This is a zero-tolerance policy. Anyone exhibiting such behavior will be permanently dismissed from the program with no warnings, probation periods, or second chances.

By participating in our program, all athletes and their guardians understand and accept these terms in full.

Parent/Guardian Signature: _____ Date: _____

Payment Policy:
A non-refundable registration fee of $40 is charged at the time of registration. 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 15th of the month will result in your athlete's 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:

Notes: _____
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