

Parent/Guardian Name(s):							
Address:							
Phone(day):	Pl	hone(evening):					
Email:							
Emergency Contact							
Name:	Phone:	Relation:					
Special Medical Conditions: (allergies - foods, insects, asthma, craft materials etc.)							
Specially Camps & Day Clinics							
г 1) ()	Int/Adv 🗌 lulv 13th	1.00-3.00pm	CASH				

Child's Name:\_

Tumble Clinic	Int/Adv Basic/Beg.		1:00-3:00pm 1:00-3:00pm	\$50	CASH CHECK CREDIT CARD		
Cheer Clinic	Ages 5 & up	☐ July 22nd	1:00-3:00pm	\$50	CASH CHECK CREDIT CARD		
American Girl Clinic	Ages 4 & up	🗌 June 19th	9:00am - 3:00pm	\$100	CASH CHECK CREDIT CARD		
Princess Camp	Ages 4 & up	🗌 July 13th-	17th 9:00am-12:00pm	\$200	CASH CHECK CREDIT CARD		
TeamGym Camp	Ages 6 & up	Aug 3rd-'	7th 12:00-3:00pm	\$200	CASH CHECK CREDIT CARD		
Dance Camp	Ages 5 & up	☐ July 20th	-24th 12:00pm-3:00pm	\$200	CASH CHECK CREDIT CARD		
Ninja Camp	Ages 4 & up	Une 22nd	l-26th 12:00-3:00pm	\$200	CASH CHECK CREDIT CARD		
Gymnastics Camp	Ages 5 & up	☐ July 27th	-31st 12:00-3:00pm	\$200	CASH CHECK CREDIT CARD		
Jungle Clinic	Ages 3-4	🗌 June 18th	10:00am - 12:00pm	\$50	CASH CHECK		
Make Ups may not be used for Day Clinics and Specialty Camps							
Payments are require	ed for Day (	Clinic and S	Specialty Camps	are non	-refundable.		
Please submit re	gistration to:		For Of	fice Use Only			
Fliptastic! • 6404 Fair Oaks blv	rd. • Carmichael	l, CA 95608	Deposit - Date pd	C/Ck/CC	Initial		
916.487.(FLIP)3547 •	www.fliptastic.bi	iz	Balance - Date pd	C/Ck/CC	Initial		