



**REGISTRATION FORM**  
**(Only non-members need to complete)**

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Has the above student or siblings ever been enrolled at TFG before? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ NAME? \_\_\_\_\_

**ARE THERE ANY MEDICAL CONDITIONS TO WHICH WE SHOULD BE ALERTED?** \_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY**

As legal guardian of \_\_\_\_\_, I hereby consent to the above person's participation in Top Flight Gymnastics, Inc. programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics, cheerleading, dance, martial arts, tumbling, trampoline, and other related activities.

I understand that it is the express intent of Top Flight Gymnastics, Inc. to provide for the safety and protection of my child, while participating and in consideration for allowing my child to use these facilities, I hereby forever release Top Flight Gymnastics, Inc. its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Top Flight Gymnastics, Inc. or its employees.

As a legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Top Flight Gymnastics, Inc.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

I hereby give my permission for my child's recorded image or audio (by any means) to be used for marketing, advertisement or other publicity as deemed appropriate by TFG, Inc. (no names will be disclosed).

**Parent or Legal Guardian's Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

**DATE** \_\_\_\_\_ **PAYMENT** \_\_\_\_\_ **PLACED** \_\_\_\_\_

**CONFIRMED** \_\_\_\_\_ **ENTERED IN COMPUTER** \_\_\_\_\_