

Don't let this be your child at our amazing birthday parties.

Participants at Top Flight events must have a completed and signed registration form on file. Due to the necessity of parental consent, there can be **no exceptions**.

BIRTHDAY PARTY REGISTRATION FORM

Complete this form in its' entirety and sign.
(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** _____

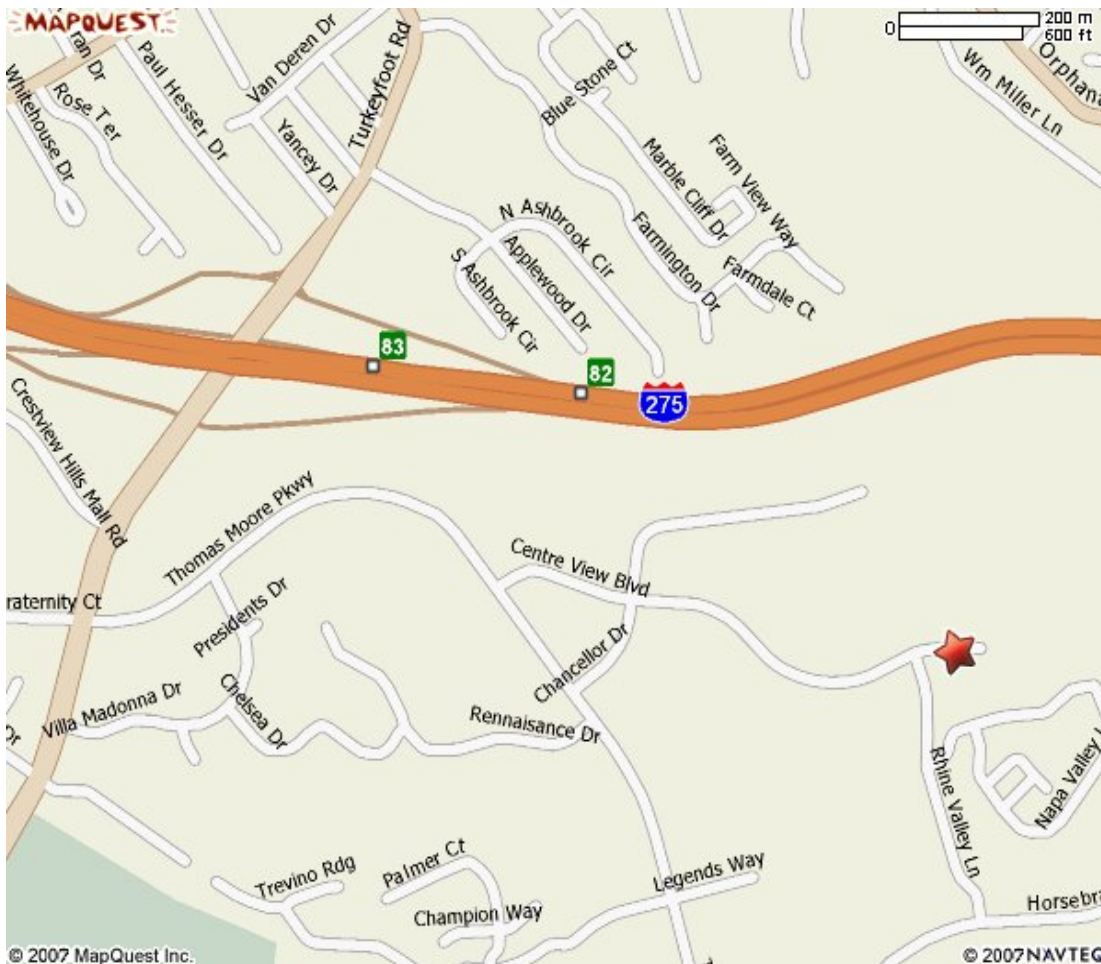
Come to a Birthday Party!

For _____

When _____

*Please wear clothing suitable for a gym class.

Where: Top Flight Gymnastics
721 Centre View Blvd.
Crestview Hills, Ky.



***Inside Thomas
More
Park, Conveniently
located close to
I-75, I-275 and
Turkeyfoot Road.***

*Off I-275 take the
“Turkeyfoot Road”
exit then head South,
Turn Left onto Thomas
More Parkway, Pro-
ceed to the first traffic
light and turn left on
“Centre View Boule-
vard” Continue for ½
mile to the 2nd stop
sign . . . Top Flight is
located on the right.*

***Look For Our
Logo & Teal Green
859-344-1010***