

Visit us at:
www.topflightgymnastics.com
721 Centre View Blvd.
Crestview Hills, KY 41017
859-344-1010



FAX: 859-578-2212
Email: tfgym@topflightgymnastics.com
Facebook: Top Flight Gymnastics
Twitter: @topflight_tfgym
Instagram: @tfgym

REGISTRATION FORM

STUDENT INFORMATION

Student's Name _____ Gender _____ Age _____ Birthdate ____/____/____
Address _____ Phone Number (____) _____
City _____ State _____ Zip _____ Email _____
Mother's Name _____ Occupation _____ Work # (____) _____ Cell _____
Father's Name _____ Occupation _____ Work # (____) _____ Cell _____
Physician Name: _____ Phone: _____ School: _____
Emergency Contact _____ Relation _____ Phone _____
How did you learn about Top Flight Gymnastics? _____ Email: _____
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? _____

CLASS INFORMATION

1st Choice Program _____ Age Division _____ Day _____ Time _____
2nd Choice Program _____ Age Division _____ Day _____ Time _____

MONTHLY TUITION AUTO-PAY INFORMATION (Auto-pay is required for all class enrollments)

I hereby authorize Top Flight Gymnastics, Inc. to charge my credit/debit card or draw funds from my bank account by EFT on the 21st of each month for the following month's tuition. Any failed payment must be rectified by the 25th of the month. The amount of the draft shall be as shown on my tuition statement. I understand that I can cancel this authorization at any time with a 1 week (7 day) written notice.

Name as it appears on Credit/debit card: _____
Billing Address _____ City _____ State _____ Zip Code _____
Credit Card Type Visa Master Card Discover American Express
Card Number _____ Expiration Date _____
CV2 Code (3 Digit number on back of Credit Card) _____ AmEx: 4 Digit on Front _____

Signature _____ Date _____

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 _____