

Visit us at:
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REGISTRATION FORM

STUDENT INFORMATION

Student's Name _____ Sex _____ Age _____ Birthdate ____/____/____
Address _____ Phone Number (____) _____
City _____ State _____ Zip _____ Email: _____
Father's Name _____ Occupation _____ Work # (____) _____ Cell _____
Mother's Name _____ Occupation _____ Work # (____) _____ Cell _____
Doctor _____ Phone _____ School _____
Emergency Contact _____ Relation _____ Phone _____
Where did you learn about TFG? Internet Yellow Pages Word of Mouth Marketing Event _____
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

Term Requested Fall I Fall II Winter Spring Summer
Example: Program Preschool Age Division Kinders Day Wed Time 1:00
1st Choice: Program _____ Age Division _____ Day _____ Time _____
2nd Choice: Program _____ Age Division _____ Day _____ Time _____
3rd Choice: Program _____ Age Division _____ Day _____ Time _____
Please enclose the **Annual Membership Fee and Tuition with Registration**. The back of this form is preaddressed and needs only your stamp for mailing, folding and stapling your check securely inside. Our office will call to confirm your class placement after our current students' PRD date. Remember highest tuition pays full price-additional children receive a 20% discount. **Fees are nonrefundable upon class placement.**

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.

Parent or Legal Guardian's Signature X _____ Date _____

PERMISSION TO TREAT

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.

Parent or Legal Guardian's Signature X _____ Date _____

OFFICE USE ONLY

DATE _____ PAYMENT TYPE _____ RECEIPT/CK # _____

CHARGES _____ TOTAL _____

INITIAL: PLACED _____ CONFIRMED _____ IN ROLE _____ IN COMPUTER _____