



SPECIAL EVENT REGISTRATION FORM
(Only non-members need to complete)

STUDENT INFORMATION

Student's Name _____ Sex _____ Age _____ Birth date _____ / _____ / _____

Address _____ Phone Number (_____) _____

Cell Number (_____) _____

City _____ State _____ Zip _____

Father's Name _____

Mother's 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, 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 _____ 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 _____ Date _____

OFFICE USE ONLY

DATE _____ **PAYMENT** _____ **PLACED** _____

CONFIRMED _____ **ENTERED IN COMPUTER** _____