

Visit us at:  
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## Longbranch Elementary REGISTRATION FORM

### CHILD INFORMATION

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ School \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

How did you learn about Top Flight Gymnastics? \_\_\_\_\_ Email: \_\_\_\_\_

Has the above student or family members ever been enrolled at TFG before? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ WHO? \_\_\_\_\_

**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.

**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 \_\_\_\_\_