

TOP GUN GYMNASTICS ACADEMY REGISTRATION FORM
(Over 18 year of age)

Name: _____

DOB: _____ Age: _____ Male/ Female

Class	Day/ Time	Level
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Parent/ guardian: _____

Address: _____

Home phone: _____ Cell phone: _____

Emergency contact (if parents cannot be reached): #1. _____

#2. _____

Does the participant have any medication allergies and/ or other allergies?

_____ If yes, please list: _____

Please list any prescribed medications: _____

To meet the needs of all participants, please indicate if any of the following apply:

Visual deficits: _____ Hearing deficits: _____ Heart problems: _____ Asthma: _____

Attention deficits: _____ Learning deficits: _____ Bowel/ bladder problems: _____

Other: _____

Participants Physician: _____ Phone: _____

Participants Insurance Co: _____

Policy #: _____ Group #: _____

I, _____, authorize Top Gun Gymnastics Academy to call emergency personnel in the event of an incident that may require such care. I authorize emergency personnel to initiate medically necessary care.

I understand that payment must be made at the beginning of each session or I will not be allowed to participate until payment is made. I also understand that there are no refunds.

Signature of Participant: _____ Date: _____

**TOP GUN GYMNASTICS ACADEMY RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT**

I, _____, wish to participate in the programs at Top Gun Gymnastics Academy. I represent that I understand the nature of this activity and I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I understand that participation in gymnastics, trampoline, dance, and related activities may result in unavoidable injuries due to the heights and motions involved. These injuries may include muscle strains and tears, broken bones, and severe injuries such as permanent paralysis and/ or even death.

I agree to provide health insurance for myself or guarantee payment of any medical expenses uncured as a result of training, performing, or participation in activities of Top Gun Gymnastics Academy.

I understand it is Top Gun Gymnastics Academy's express intent to provide for the safety and protection of my child and in consideration for allowing the below named minor child to participate in activities with Top Gun Gymnastics Academy. I waive any and all rights or causes of actions against Top Gun Gymnastics Academy, Kiley Gymnastics Group, LLC, Directors, Managers, employees, and its volunteers for any injuries suffered by my child and other damages suffered by my child or myself while under the supervision or control of Top Gun Gymnastics Academy and its employees.

It is also my intent to release Top Gun Gymnastics Academy and its employees from liability for future negligent conduct. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely without any inducement or assurance of any nature and intent it to be complete and unconditional release of all liability to the greatest extent allowed by law and agree that is any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I am 18 years of age or older.

Printed Name of Participant

Signature of participant

Date

FOR OFFICE USE ONLY:

Registration Fee: _____

Session 1: _____

Session 2: _____

Session 3: _____

Session 4: _____

Session 5: _____

Summer: _____