

TOP GUN GYMNASTICS ACADEMY REGISTRATION FORM
Recreational/ Team classes

Name: _____

DOB: _____ Age: _____ Male/ Female

Class	Day/ Time	Parent's E-Mail address
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Parent/ guardian: _____

Address: _____

Home phone: _____ Cell phone: _____

Emergency contact (if parents cannot be reached): _____

CHECK HERE FOR AUTOMATIC PAYMENT _____

Checking account number: Routing #: _____

Account #: _____

or

Debit/Credit card#: _____ exp. _____

security code: _____

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 #: _____

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

I, _____, the parent/ guardian of the above minor, authorize Top Gun Gymnastics Academy to call emergency personnel in the event of an incident that may require such care. In the event that I cannot be reached, I authorize emergency personnel to initiate medically necessary care. Initials _____

I understand that payment must be made at the beginning of each month for the session, as of the 10th of the month if payment is not made the account listed above will automatically be charged. I also understand that there are no refunds. Initials _____

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As a parent and/ or guardian, I give my consent for my child to participate in the programs at Top Gun Gymnastics Academy. I represent that I understand the nature of this activity and that my child is 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.

As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities of Top Gun Gymnastics Academy.

As a parent or legal guardian, I agree to allow Top Gun Gymnastics to photograph by minor child for use within the gymnastics facility and for publication with regard to Top Gun Gymnastics.

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.

NEW

I, acknowledge that myself, our family members, and our minors who are participating in activities as Top Gun Gymnastics will self-screen before coming to Top Gun Gymnastics for any class, event, or activities. We will not participate if our minor child or a family member exhibits any of the following symptoms: cough, sore throat, shortness of breath, loss of taste or smell, chills, shaking with chills, muscle pain, fever greater than 100 degrees. headache or known contact with someone who is lab confirmed to have covid or any other contagious virus/disease.

Initials _____

I further acknowledge, understand, appreciate and agree that my and/or my child's participation may result in possible exposure to an illness from infectious diseases, including, but not limited to MRSA, Influenza, COVID 19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility for my/ my child's participation and exposure.

Initials _____

I am aware of the dangers and risk of this sport/ activity and acknowledge that in the best safety practices of myself/ my child/ and employees that spotting from an employee could be and will be necessary at times. I also acknowledge in order to provide the best spotting practices that the employee will have to remove their face covering to do so. The face covering will limit the vision and ability of an employee to safely spot on any and all apparatus inside and outside of the facility. I will be notified as to when spotting practices will begin. I also acknowledge that if I opt out of spotting from an employee that myself/ my child will not be permitted to perform or partake in such skills or stations. Initials _____

Printed Name of Participant

Class/ Level

Printed Name of Parent/ Guardian

Signature of Parent/ Guardian

Date

FOR OFFICE USE ONLY: Registration Fee: _____ Session 1: _____ Session 2: _____
Session 3: _____ Session 4: _____ Session 5: _____ Summer: _____