

TNT GYMNASTICS

REGISTRATION FORM

Student Name _____ Birth Date _____

School _____

Parents Name _____

Home Phone # _____ Work # _____

Address _____

City, State _____ Zip Code _____

Email Address _____

Emergency Contact #1 _____ Phone # _____

Emergency Contact #2 _____ Phone # _____

Medical Conditions _____

Authorization of Medical Care: In case of illness or injury while with TNT Gymnastics, the staff of TNT Gymnastics may authorize medical care and treatment for the above mentioned participant.

Agreement to Participate: I understand that gymnastics and other sports activities involve risk and possible injury, even paralysis or death. I understand that it is my responsibility as a parent not to let my child participate if he or she has any physical, emotional, or other problems that might compromise safe involvement. I understand that injuries can and do occur and that health insurance is a requirement. I understand TNT Gymnastics does not carry medical insurance for related parties from the responsibility or liability for insurance deductibles, medical expenses and/or other family members while participating.

Photographs and Statements: I authorize use of my child's visual image, name, and statements in newsletters, posters, and other advertising.

Agreement to Pay: I understand that there are no refunds or credits for missed or dropped classes. Valid Dates: These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child or any family member participates in any activity at or with TNT Gymnastics.

Parent, Legal Guardian, or Adult Participant Signature

Date