

# TGS GYMNASTICS & DANCE

6330 Union Ave. Alliance, Oh. 44601

# Student Registration Form

### OFFICE USE ONLY

DATE \_\_\_\_\_ PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CARD \_\_\_\_\_ PROGRAM \_\_\_\_\_

Eligibility to participate in class at TGS Gymnastics & Dance requires a completed student registration form with release of liability and emergency medical authorization before the first day of class.

► Please print legibly

Student Last Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Text Message: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Mothers Employer: \_\_\_\_\_ Fathers Employer: \_\_\_\_\_

Childs Previous Experience: \_\_\_\_\_

How did you hear about TGS? \_\_\_\_\_

Please list all children enrolled at TGS:

	<u>Child #1</u>	<u>Child #2</u>	<u>Child #3</u>
First Name:	_____	_____	_____
Age:	_____	_____	_____
Birthdate:	_____	_____	_____
Grade:	_____	_____	_____
School:	_____	_____	_____

May we use your child's photo on our website or in advertisements? No names will be disclosed.  Yes  No

Fill out the information below so we may act quickly in the event of an emergency. Who to call if parents cannot be reached:

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ if so, explain: \_\_\_\_\_

Does your child have any previous illness or injury we should be aware of, or under any restrictions? If so explain:

\_\_\_\_\_

**READ THE FOLLOWING CAREFULLY AND SIGN BELOW**  
**(If athlete is under 18 years of age parent or legal guardian must sign)**

**TGS Gymnastics & Dance – LIABILITY RELEASE**

In consideration of the permission granted my child to participate in a class, competition, team, including non-gymnastics activities, I, the parent or legal guardian of the above named agree to be bound by each of the following:

1. **ELIGIBILITY:** I agree to comply with the rules of TGS Gymnastics & Dance.
2. **READINESS TO PARTICIPATE:** I understand the nature of the Activity that my child will participate in, and I represent that, to the best of my knowledge, my child is qualified, in good health, and in proper physical condition to participate in TGS classes, events, competitions and activities.
3. **WAIVER AND RELEASE:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that TGS and the sponsor of any TGS event, along with the employees, agent, officers and directors of these organizations will not be liable for any losses or damages occurring as a result of my participation in the event.
4. **MEDICAL ATTENTION:** I hereby give my consent to TGS and/or the Host Organization to provide, through a medical professional of their choosing, customary medical attention, transportation and emergency medical services as warranted in the course of my participation.

**INFORMATION:**

**PRIMARY MEDICAL INSURANCE:** I am covered by primary health/medical/accident insurance through:

---

**SIGNATURE OF ATHLETE:** \_\_\_\_\_

**FOR ANY ATHLETE THAT IS NOT YET 18 YEARS OF AGE:** As parent or legal guardian of this athlete, I hereby verify, by my signature below, that I have read and fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by TGS Gymnastics & Dance.

**PRINTED Name of Parent/Legal Guardian:** \_\_\_\_\_

---

**SIGNATURE OF Parent/Legal Guardian**

---

**DATE**

5. I have read the Policies and Procedures for parents, spectators, and participants in the Activity and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard. I have read this release and understand all of its terms. I understand that by signing this release, I am giving up substantial rights. I execute it voluntarily and with full knowledge of its significance.

---

**SIGNATURE OF Parent/Legal Guardian**

---

**DATE**