



# Top Gun Cheerleading

@ Revolution Gymnastics & Dance



Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mother: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Father: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Medical Release

I understand that by taking part in any program at Top Gun there is a possibility of injury or sickness to my child. I also understand that in any activity that involves height or motion that there is the possibility of injury, death or paralysis. I grant the authority to the staff of Top Gun/ Revolution Gymnastics & Dance to render a judgment concerning medical assistance in the event of an accident or illness. I furthermore authorize simple first aid, medical surgical diagnosis and treatment as deemed necessary. I do hereby grant permission to hospital staff members to administer immediate treatment to my child should he/she become injured. It is also understood that if a student receives treatment that Top Gun's insurance will be considered secondary coverage. The student's insurance is considered primary coverage. I also agree to hold harmless Top Gun / Revolution Gymnastics & Dance and it's staff, the facility, and/or any other competition/exhibition facility for any illness or injury as a result of my child's participation in any Top Gun Cheerleading Academy event.

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**Signature of parent or legal guardian date**

### Travel Consent & Photo Consent

I authorize the Top Gun staff my permission to transport my child in the event of my absence. I also agree to hold harmless Top Gun/ Revolution Gymnastics & Dance and its staff, the facility, and/or any other competition/exhibition facility for any illness or injury as a result of my child's participation in any Top Gun Cheerleading Academy event or transportation to or from any such event. I furthermore authorize Top Gun to use my child's image in any advertising, website or other publication.

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**Signature of parent or legal guardian date**

**Credit card Information**

Credit Card : \_\_\_\_\_ Expiration: \_\_\_\_\_

Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Mailing Address on Card: \_\_\_\_\_

**Authorizing Signature & Payment Agreement**

I understand that I will be responsible for all fees, membership, tuition, and other expenses while my child is enrolled at Top Gun. I furthermore understand that I will be responsible for the collection, court cost and any legal fees due to lack of payment. I furthermore authorize Top Gun to charge any such fee after the appropriate deadline to my credit card on file. I also understand that all fees will be drafted on the first of the month.

\_\_\_\_\_  
**Signature of parent or legal guardian date**

**Please circle/highlight all that apply, Provide details and explanation in the space provided below. Currently treating or Pre-existing injuries:**

Convulsions ,Currently Treating, Diabetes Migraines Headaches, Heart Trouble, Fainting Spells, Contact Lenses, Broken Bones:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_