

Check all that apply:

- | | |
|----------------|----------------|
| All Star Cheer | All Star Dance |
| Trial Class | Class |
| Private Lesson | Gym Rental |
| Misc. _____ | |



For Office Use Only:

Team / Class:	_____
Registration Date:	_____
Payment Method:	_____
Payment Amount:	_____

REGISTRATION AND RELEASE FORM

ATHLETE INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Gender: M F DOB: ____ / ____ / ____
 Cell Phone #: _____
 Email: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____
 1: Cell Phone #: _____
 Email: _____
 Parent/Guardian _____
 2: Cell Phone #: _____
 Email: _____

MEDICAL INFORMATION

Please list any physical/psychological limitations, health conditions, injuries, or weakness that may affect the athlete's participation and/or performance:

Allergies: _____
 Medications (list all): _____

 Emergency Contact: _____ Relation: _____

Insurance Carrier: _____
 Policy #: _____
 Parent Social Security #: _____
 Emergency Contact #: _____

**TOP GUN CHEER AND DANCE TRAINING CENTER INC.
(herein after referred to as "Top Gun")
ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM**

In consideration for (athlete name) _____'s participation in the activities provided by Top Gun, including but not limited to all aspects of cheerleading, tumbling, trampoline, and dance training and/or competition, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury and/or death. I hereby release Top Gun, including its officers, shareholders, agents, and employees, from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premise of Top Gun, including any event sponsored or sanctioned by Top Gun, and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/ dangerous equipment; it is intended to be as broad as permissible under Florida Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend Top Gun, including its officers, shareholders, agents, and employees from any loss, liability, damage, or cost incurred by them due to the above named athlete on the premises or during any event sponsored or sanctioned by Top Gun. This release is intended to be binding upon the athlete, his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I give Top Gun permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events, or promotional print associated or in any way connected with Top Gun. I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in any Top Gun activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Top Gun to take the above named athlete to a qualified medical or hospital facility for care and treatment.

Athlete Name (Print): _____
 Athlete Signature: _____
 Date: _____

Notary or Witness (Print): _____
 Notary or Witness Signature: _____
 Date: _____

Parent/Guardian Name (Print): _____
 Parent/Guardian Signature: _____
 Date: _____

Notary Seal: