

TNT RECREATIONAL REGISTRATION FORM 2011/2012

<hr/> Last Name (Student #1)	<hr/> First Name	<hr/> Sex	<hr/> Age	<hr/> DOB	<hr/> Child's School
<hr/> Last Name (Student #2)	<hr/> First Name	<hr/> Sex	<hr/> Age	<hr/> DOB	<hr/> Child's School
<hr/> Last Name (Student #3)	<hr/> First Name	<hr/> Sex	<hr/> Age	<hr/> DOB	<hr/> Child's School

Street Address

<hr/>	<hr/> City	<hr/> State	<hr/> Zip	<hr/> Home Phone
<hr/> Mom's Name	<hr/> Cell Phone	<hr/> Email Address		
<hr/> Dad's Name	<hr/> Cell Phone	<hr/> Email Address		
<hr/> Emergency Contact	<hr/> Phone Number	<hr/> Alternate Phone	<hr/> Referred By:	
<hr/> Drivers License #	<hr/> Name on License			

Acknowledgement of Risk & Waiver of Liability

As legal guardian of _____, I hereby consent to the aforementioned person participating in TNT Gymnastics and Fitness Complex Inc., classes and activities. I recognize that potentially severe injuries, including paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities such as tumbling and trampoline.

I understand that it is the express intent of TNT Gymnastics and Fitness Complex, Inc. to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release TNT Gymnastics and Fitness Complex Inc., its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of TNT Gymnastics and Fitness Complex, Inc.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for TNT Gymnastics and Fitness Complex Inc. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian Signature _____
Date

Permission for Medical Treatment

I authorize TNT Gymnastics and Fitness Complex Inc. to take the necessary steps regarding medical attention (i.e. administering first aid, calling emergency medical service, transporting to the hospital) and will allow authorized hospital staff to treat my child for any illness or injury he/she has sustained.

Past Injuries or other special information we should know about: _____

Signature of Legal Guardian _____
Date

Physician's Name & Address _____
Telephone Number

Rules & Policies

I have received and read the TNT Gymnastics & Fitness enrollment policies and fully understand its general policies, refund policies and withdrawal policies for the recreational program. If my child is enrolling on a competitive team at TNT, I have received the team handbook and understand I must abide by the rules and policies for team athletes.

Is your child interested in competitive gymnastics? YES or NO
