



Registration Form

Name: _____ Age: _____ DOB: _____ Mobile: _____

Address: _____

Insurance Company: _____ Policy Number: _____

Mother: _____ Email: _____

Home: _____ Work: _____ Mobile: _____

Father: _____ Email: _____

Home: _____ Work: _____ Mobile: _____

Credit Card Information

Credit Card #: _____ Expiration: _____ Code: _____

Name on Card: _____ Mailing Address of Card: _____

Authorizing Signature

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 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 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.

Signature of parent or legal guardian date

Travel Consent & Photo Consent

I authorize the Top Gun staff and grant my permission to transport my child in the event of my absence. I also agree to hold harmless Top Gun 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 during the transportation to or from any such event.

I also authorize Top Gun to use images or video of my child's participation in any and all brochures, website, advertising and flyers for the purpose of promoting the Top Gun to the public.

Signature of parent or legal guardian date

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 late fees, 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 or to draft my checking account on file for these charges after the appropriate due date of the 10th of each month.

Signature of parent or legal guardian date

Important Medical History

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

Asthma, High Blood Pressure, Convulsions Currently Treating Diabetes, Migraines Headaches, Heart Trouble, Fainting Spells, Contact Lenses

Broken Bones:

Allergies:

Details:
