

Choose one or both if applicable:

CHEER

DANCE



TOP GUN OF SW FLORIDA, LLC
REGISTRATION FORM

For official use only
Team/class: _____
Reg date: _____

ATHLETE INFORMATION	
Name:	_____
Address:	_____
City:	_____ State: _____ Zip: _____
Gender:	_____ Age: _____ DOB: _____
# of years in program:	_____ SS#: _____
Athlete's Cell Number:	_____
Athlete's Other Number:	_____
Athlete's Email:	_____

PARENT/GUARDIAN INFORMATION	
Parent/Guardian 1:	_____
Cell Number:	_____
SS# Number:	_____
Email:	_____
Parent/Guardian 2:	_____
Cell Number:	_____
SS# Number:	_____
Email:	_____

MEDICAL INFORMATION

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

Medication:	_____	Insurance Carrier:	_____
Allergies:	_____	Policy Number:	_____
Doctor's Name:	_____	Emergency Contact:	_____
Doctor's Number:	_____	Emergency Contact Number:	_____

BUSINESS INFORMATION

Top Gun of SW Florida, LLC. attempts to keep its business "in the family" when possible. Does your family or someone you know own or work for a business that could potentially do business with TG.SWFL, LLC.? If so please fill out the information below.

Business Name:	_____	Contact:	_____	Phone:	_____
Type of Business:	_____	Email:	_____	Website:	_____

**TOP GUN OF SW FLORIDA, LLC (TG.SWFL, LLC.)
ACKNOWLEDEMENT, AUTHORIZATION AND RELEASE FORM**

In consideration for (athlete's name) _____'s participation in the activities provided by TG.SWFL, LLC., 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. I hereby release T.G.SWFL, LLC., 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 premises of TG.SWFL, LLC., including any event sponsored or sanctioned by TG.SWFL, LLC., 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 TG.SWFL, LLC., 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 TG.SWFL, LLC. 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 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 activities at TG.SWFL, LLC. In case of an emergency requiring medical treatment, the undersigned hereby authorizes TG.SWFL, LLC., to take the above named athlete to a qualified medical or hospital facility for care and treatment.

Athlete's Name: _____
Athlete's Signature: _____
Date: _____

Notary Seal: _____
Signature of Notary: _____
Date: _____

Parent/Legal Guardian's Name: _____
Parent/Legal Guardian's Signature: _____
Date: _____