

2009 - 2010 Registration Form

For Office Use Only:

Last Name _____

Parent's Name _____ Hm Ph (____) _____ Wk Ph (____) _____ Cell Ph (____) _____

Parent's Name _____ Hm Ph (____) _____ Wk Ph (____) _____ Cell Ph (____) _____

Address _____ City _____ Zip _____

E-mail Address _____

How did you originally hear about us? Drive by Internet TV Friend Yellow Pages Scout Workshop Other _____
 Magazine Newspaper Daycare Lifetime Postcard

<p>1st Child's Name: _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Birthdate _____/_____/_____</p> <p>Level: _____</p> <p>First Choice</p> <p>Day(s) / Time(s): _____</p> <p>_____</p> <p>Second Choice</p> <p>Day(s) / Time(s): _____</p> <p>_____</p>	<p>2nd Child's Name: _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Birthdate _____/_____/_____</p> <p>Level: _____</p> <p>First Choice</p> <p>Day(s) / Time(s): _____</p> <p>_____</p> <p>Second Choice</p> <p>Day(s) / Time(s): _____</p> <p>_____</p>	<p>3rd Child's Name: _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Birthdate _____/_____/_____</p> <p>Level: _____</p> <p>First Choice</p> <p>Day(s) / Time(s): _____</p> <p>_____</p> <p>Second Choice</p> <p>Day(s) / Time(s): _____</p> <p>_____</p>	<p>Make checks payable to TAGS</p> <p>Payment of the 1st child is due at the time of registration to reserve spots. 10% off 2nd child, 20% off 3rd child (applied to lessor tuition total). The 4th child is free. Note: From the same family. *A \$5.00 service fee is charged for refunds.</p> <p>1st Child: \$ _____</p> <p>2nd Child \$ _____</p> <p>3rd Child \$ _____</p> <p>Annual Fee \$ <u>35.00</u></p> <p>Total \$ _____</p>
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MEDICAL INFORMATION

Last Name _____

List any physical disabilities, chronic ailments, psychological disabilities and allergies for each child:

1st Child Name _____

2nd Child Name _____

3rd Child Name _____

Insurance Company Name: _____

Policy Number: _____

Person to call in an emergency in the event parents cannot be reached:

Name _____ Phone(____) _____

TAGS South 5880 149th St. W, Apple Valley, MN 55124 (952) 431-6445
 TAGS Eden Prairie 10300 West 70th St., EP, MN 55344 (952) 920-5342

Release

In consideration of Thompson Academy of Gymnastics accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons or meets.

I give permission to Thompson Academy of Gymnastics and / or appropriate medical facility to make whatever emergency first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Thompson Academy of Gymnastics.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deems it necessary. The child will be transported at my expense.

I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Warning! Catastrophic injury, paralysis or even death can result from the improper conduct of the activity.

I hereby consent and authorize Thompson Academy of Gymnastics to use photographs, and or other likeness' of myself and or my child or children for whom I have legal guardianship for any promotional materials regarding Thompson Academy of Gymnastics programs, facilities or services. I also give permission to use such photographs and or other likeness' of myself, my child or children for whom I have legal guardianship on the Thompson Academy of Gymnastics web site.

Further, I hereby release and agree to hold harmless and to indemnify the Thompson Academy of Gymnastics employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Parent's Signature _____ Date _____

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