



Registration Form & Waiver

Student's Name _____

Age _____ Date of Birth _____ Sex _____ M _____ F _____

Home Address _____

Home Phone _____ Emergency Contact # _____

Email Address _____

Medical Conditions/Previous Injuries that instructor should be alerted to? Yes No

If yes, please describe: _____

Who may we thank for referring you to TGTC? _____

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL RELEASE

As parent(s)/legal guardian(s) of _____, I hereby consent to _____ participating in Tumbling/Gymnastic/Cheerleading lessons with Stacy L. Taylor-Bernard and TaylorMade Gymnastics Training Center, Inc., Inc. I recognize that potentially severe injury, including permanent paralysis or death can occur in any gymnastic/tumbling/acrobatic activities. I also realize that my child will be performing and training using various methods, devices and apparatus, which carry a high degree of risk for severe injury. I hereby agree that I am responsible for my child's safety and acknowledge that I will not hold Stacy L. Taylor-Bernard and/or TaylorMade Gymnastics Training Center, Inc., Inc. liable or responsible for any accidents or injuries resulting there from.

As parent(s)/legal guardian, I agree to provide health insurance for the minor child or guarantee to individually provide for possible future medical expenses incurred by my child as a result of any injury sustained while practicing with Stacy L. Taylor-Bernard and TaylorMade Gymnastics Training Center, Inc., Inc.

We certify that _____ is in good health and may participate in all activities. In case of medical emergency, I authorize Stacy L. Taylor-Bernard to take my child to the nearest medical facility available for care and treatment, and to authorize emergency medical treatment for _____; to execute consent, orders, or other documents for any medical procedure which is required to save the life of _____, or to prevent a deterioration of any existing or new condition, or to stabilize any medical condition which may or may not deteriorate, as fully as I could if I were present.

In consideration for allowing my child to participate in Tumbling/Gymnastic/Cheerleading activities with Stacy L. Taylor and TaylorMade Gymnastics Training Center, Inc., Inc., I hereby forever release my child or myself, while under the supervision or control of Stacy L. Taylor-Bernard and TaylorMade Gymnastics Training Center, Inc., any locations where lessons are taught, including, but not limited to, parking lots, bathrooms, driveways, yards and waiting areas. Furthermore, I give TaylorMade Gymnastics Training Center, Inc. permission to use any photographs or video that may be taken during practices or events for advertising and/or publicity purposes.

This acknowledgement and assumption of risk, waiver of liability and medical release has been read thoroughly by me and understood completely and is signed voluntarily as to its content and intent. I am 18 years of age or older.

Parents Name Printed _____ Date _____

Parents Signature _____