



Top Flight Athletics
Registration Form

Student Name _____ Sex _____ Age _____ DOB _____
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Street Address _____ City _____ Zip _____
Home Phone _____ Email _____
Moms Name _____ Dads Name _____
Work # _____ Cell# _____ Work # _____ Cell# _____
Emergency Contact _____ Phone # _____
Insurance Name _____ Policy # _____

Are there any medical conditions that we should be aware of?

How did you hear about us? _____

If your child were to appear in a group or individual photo at our facility or a Top Flight Athletics function; are we free to use it for advertising purposes?

_____ Yes _____ NO

Waiver/ Release

The Undersigned, as the natural parent(s) and/or legal guardian(s) of _____, a minor child ("CHILD"), on behalf of the Child and myself/ourselves, and my/our, heirs, agents, assign, successors, administrators and executors, hereby forever waive and release Top Flight Athletics, and its stockholders, director, officers, employees and agents from liability for any injury, damage or loss suffered by the CHILD, however caused, which results in any way from the CHILD'S participating in any program offered by Top Flight Athletics.

Parent Signature _____ DATE _____

I hereby certify that I have read completely the attached Registration Agreement.

Initial _____