

**TDGMG Registration Form
2008 - 2009**

PLEASE INCLUDE A \$25.00 REGISTRATION FEE

(please make checks payable to T.D.G.M.G)

NAME	M/F	AGE	D.O.B.	GYMNASTICS	OTHER	MARTIAL ARTS	DAY	TIME

Name Used for payment (if different than child's last name) _____

Street _____

City _____ State _____ Zip Code _____

Mom's Name _____ Occupation _____ Work Phone _____

Dad's Name _____ Occupation _____ Work Phone _____

Home Phone _____ Email _____

Emergency Number _____ Name _____

Where did you hear about us? _____ Previous Experience _____

Name of Insurance _____ Medical Limitations _____

I certify that the participant(s) is free of any mental or physical disabilities and ia able to participate in the program without any restrictions. It is the policy of T.D.G.M.G., Inc. that the applicant provide and use his/her own medical insurance for the benefit of the participant. Gymnastics, self-defense/Martial Arts, Cheerleading and physical activity involve flight, motionand rotation and, as such, carry with it a responsible assumption of risk. It is understood that T.D.G.M.G., Inc. is neither responsible nor liable for injuries, loss of personal property or damaged property that may occur as a result of participation in the program. The applicant agrees to idemnify and hold T.D.G.M.G., Inc. harmless from and against any claims, losses, liabilities and damages (including attorney's fees and costs) arising out of or resulting from the participant's participation in the program, except to the extend caused by the sole negligence of T.D.G.M.G., Inc. I have read the application and brochure and understand all the policies set forth therein.

Signature _____ Date _____