



9179 Red Branch Road Columbia, MD 21045 (410) 992-1600

May is our annual team re-registration month!

The Team Manuals, CMGO Manual, and Registration Documents have all been updated. **You may go the website topflightgym-md.com to team page and next years documents can be easily downloaded.** You may also pick up a copy at the front office. **Please** read through both the CMGO Manual and the appropriate Team Manual for your gymnasts level. As always, there may be changes to policy, payments, or schedules of which you need to be aware. (Remember that on the Registration Forms you are asked to initial stating that you have read the manuals and are familiar with their content.

Please complete and return the Registration Documents to the gym with appropriate payments to Top Flight and CMGO prior to May 31st. Top Flight payments may now also be made by credit card and automatic monthly credit card payment. To utilize either of these payment methods, please see the receptionist. (CMGO payments must still be made by check.) Remember that the *Authorization for Emergency Medical Treatment must be notarized*. You may turn in your registration during office hours at the reception desk. **Remember that your completed documents and payments to Top Flight and CMGO must be received in order for your child to attend practice on and after June 1st.**

For families using Auto credit card debits your documents need to be received no later than May 25 to ensure proper processing.

The coaches and I are in the process of meeting with families to discuss team placement for next year. If you have not spoken with us about placement and have questions about your child for next year, please let me know by leaving a message in the Top Flight office.

Sincerely,
Dale



RECREATIONAL TEAM REGISTRATION CONTRACT

Student Name _____

Date _____ Program Year: Begin Date _____ End Date _____

Student Name _____

Birthdate _____ Gender (circle one): M / F

Address: _____
Street _____
City _____ State _____ ZIP _____
Medical conditions (if any): _____

Parent/Guardian _____ Home Phone _____

Email: _____ Work Phone _____

Emergency contact _____ Phone _____

Class Selection

Once your registration is received, you will be notified by phone if your selected class is full so that you may make another selection.

Class Title _____ Class Cost _____

Class Day _____ Registration Fee _____

Class Time _____ TOTAL DUE _____

Check One: Returning Student New Student

The \$50 annual registration fee and monthly tuition are nonrefundable. The annual registration fee is renewable each year.

Enclose the annual registration fee, plus the first month's tuition and mail to:
Top Flight Gymnastics Center, 9179 Red Branch Road, Columbia, Maryland 21045.
Or return this registration form, fee, and tuition to Top Flight Gymnastics in person.

Medical Release Statement

I give approval for _____'s participation in any and all activities of the Top Flight Gymnastics program.

I hereby forever waive, and forever release and discharge Top Flight Gymnastics Center, their officers, directors, employees and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities.

As a student, or parent or guardian of a student, it is my option to consult a physician for assurance of proper health and am encouraged to do so by Top Flight Gymnastics Center.

I authorize the representatives of Top Flight Gymnastics Center to provide any emergency medical services that may be required due to an injury during any activity at or for Top Flight Gymnastics Center.

I understand that participation is entirely by my own choice and with the understanding that there are risks and the possibility of accidental injury, paralysis, and even death in any activity involving motion or height.

Top Flight Gymnastics Center is not responsible whatsoever for anything that happens before or after the student's designated class, camp, or open gym.

The undersigned parents or guardians, for and in further consideration of the Top Flight Gymnastics Center program accepting said participant, hereby agree to save and indemnify and keep harmless the said Top Flight Gymnastics Center, its agents and sponsors, against any and all liability claims, judgments or damage arising as a result of injuries sustained by the participant during or as a result of any course of instruction or supervision given the participant by Top Flight Gymnastics Center.

I do hereby verify that I have read and understand and accept each of the above policies, terms and conditions shown by my signature below.

Parent/Guardian Signature _____ Date _____

Enrollment and Tuition Fees Policy

Top Flight's team program year is June 1st thru May 31st. (See brochure calendar program year details).

Check each box to indicate you have read and understood the following policies:

I understand that I am enrolling my child for the program year June 1st thru May 31st.

I understand that I will be responsible for all registration and tuition costs for the program and that tuition is due on the 1st of each month. A \$5 late fee will be applied to all payments made after the 7th of the month—no exceptions. Tuition can be paid by cash, check, Visa, Mastercard or by signing up for Automatic Fund Transfers (see receptionist for details). Cash and credit card payments should be made at the office. Check payments can be made by mail.

Class Withdrawals/Class Transfers:

Students wishing to withdraw or requesting a class transfer/wait list placement must submit an **Enrollment Change** form to the Top Flight office by the **25th of the current month**. The form may be downloaded from the website at TopFlightGym-MD.com and emailed or faxed.

I understand I may withdraw my child only by submitting a Change of Enrollment Form (available at the front desk or on line at TopFlightGym-MD.com) by the **25th of the current month**.

I understand that a final month's tuition will be due on the 1st of the month if a withdrawal request is received after the **25th of the month**.

I understand I may transfer my child to another class by submitting a Change of Enrollment Form to the front office.

Make-up classes: Please see brochure to fully understand the make-up policies.

It will be indicated by your signature below that you fully understand Top Flight's Enrollment Contract and Policies.

Parent/Guardian Initials _____ Date _____

Program Year _____

RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS AND VIDEO

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I hereby grant **Top Flight Gymnastics** the irrevocable right and permission, throughout the world, in connection with the photograph(s) and video that were taken of me or which I provided to **Top Flight Gymnastics**, (copies of which photographs and video are annexed hereto and made a part hereof), the following: the right to use and reuse, in any manner at all, said photographs and video, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs and video, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotional and advertising uses, and other trade purposes, as well as using my name in connection therewith, if **Top Flight Gymnastics** so desires.

I hereby forever release and discharge **Top Flight Gymnastics** from any and all claims, actions and demands arising out of or in connection with the use of said photographs and video, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees and legal representatives of **Top Flight Gymnastics**.

Please check *one*:

I am over the age of eighteen years and I have read the foregoing and fully and completely understand the contents.

I represent that the subject of the photographs is a minor and that I am the parent of the minor and that I have read the foregoing and fully and completely understand the contents.

Subject or Parent's Signature	Date
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Print or type both subject's and parent's name

Phone: _____

Address: _____

Top Flight Gymnastics Staff Signature and Title