



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](http://topflightgym-md.com) to team page and next year's 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 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. 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

*This form must be completed & turned in by May 31<sup>st</sup>.*

# Top Flight Gymnastics - Registration Checklist

\*The following items must be completed by all members of boys and girls Preteams, Compulsory Teams, Optional Teams and Xcel Competitive Team.

## **Paperwork** (Please check off each item that is completed and turned in.)

- \_\_\_\_\_ 1. **Top Flight Registration Form**
- \_\_\_\_\_ 2. **Team Membership Agreement (pg. 2)**
- \_\_\_\_\_ 3. **Parental Obligations Form (pgs. 3&4)**
- \_\_\_\_\_ 4. **Floor and Beam Routine Choreography Selection Form (Level 6 thru 10 only)**
- \_\_\_\_\_ 5. **Release for Photographs & Website (pg. 5)**
- \_\_\_\_\_ 6. **Health History (pgs. 6-8)**
- \_\_\_\_\_ 7. **Physicians Report (pgs. 9&10)**  
**\*\*USAG and Xcel Annual medical exams are suggested but not required**
- \_\_\_\_\_ 8. **Emergency Medical Treatment Authorization (pgs. 11&12)**
- \_\_\_\_\_ 9. **Copy of Insurance Card (front and back)**

## **Payments**

- \_\_\_\_\_ 1. **Top Flight Registration Fee - \$75.00**
- \_\_\_\_\_ 2. **Top Flight Tuition ( Registration Fee and tuition should be in 1 payment**  
**\* Check, cash, Visa, Mastercard, Monthly or Monthly Credit Card debits-see receptionist for auto debit information.**

Remember that first monthly tuition payment is due by June 1<sup>st</sup> (payable to Top Flight).

**Please note that gymnasts may not practice after May 31<sup>st</sup> unless all paperwork and fees are turned in. Partially completed or un-notarized forms will not be accepted.**

**Thank you,  
Dale**

*This form must be completed & turned in by May 31<sup>st</sup>.*



# STUDENT REGISTRATION CONTRACT

Date \_\_\_\_\_ Program Year: Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender (circle one): M / F

Address: \_\_\_\_\_ Medical conditions (if any): \_\_\_\_\_

Street

City

State

ZIP

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 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 program year begins in September and finishes in August**

(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 (48 classes or remaining program year classes) September until last class in August.

I understand that I will be responsible for all (nonrefundable) 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 \_\_\_\_\_

# Team Membership Agreement

June 1<sup>st</sup> 2021 through May 31<sup>st</sup> 2022

Top Flight Gymnastics Center, Inc.  
9179 A Red Branch Road  
Columbia, Maryland 21045

Team Director: Dale Kaestner  
(410) 992-1600 (Gym)

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Team: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I understand that my child has been chosen for a select training program of gymnastics at Top Flight Gymnastics Center, Inc. I further understand that financial obligations may be met by paying the principal or monthly installments to C.M.G.O. Membership in the team program also involves participation in Top Flight Parents' Organization (Central Maryland Gymnastics Organization - C.M.G.O.) as defined by the C.M.G.O. Executive Board.

I understand this is a one-year commitment: June 1<sup>st</sup> to May 31<sup>st</sup>.

I understand the monthly tuition is due and payable to Top Flight Gymnastics on the first of each month. A late fee of \$5.00 (Five Dollars) will be assessed for tuition paid more than seven days late. **A \$75 Registration Fee payable to Top Flight is due May 31<sup>st</sup>.** Because regular expenses and salaries must be paid by the gym, I agree to make payment regardless of my child's attendance.

**The undersigned parents or guardians of the above named gymnast, for and in further consideration of the Top Flight Gymnastics Center and Central Maryland Gymnastics Organization (C.M.G.O.) program accepting said gymnast, hereby releases and holds harmless Top Flight Gymnastics Center and C.M.G.O., and their respective agents, directors, officers and employees from and against any and all claims, damages and/or causes of actions arising as a result of injuries sustained by the gymnast during or as a result of any participation by the gymnast in the team program of Top Flight Gymnastics Center and C.M.G.O.**

In addition, I understand that no returning gymnast will be allowed to return to practice after May 31<sup>st</sup> until all past due accounts with C.M.G.O. have been cleared. This includes, but is not limited to, the following: Shortages in Activity Fees, Fund Raising monies, and special assessments.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form must be completed & turned in by May 31<sup>st</sup>.*

**Top Flight Gymnastics and CMGO**  
**PARENTAL OBLIGATIONS FORM**

June 1<sup>st</sup> 2021 through May 31<sup>st</sup> 2022

Gymnast Name: \_\_\_\_\_

Team/Level or Class: \_\_\_\_\_

Please initial the space next to each item indicating you have read and understood it. Please read, and retain for your reference, a copy of the Top Flight Policy Manual and the CMGO Handbook. Please note that you have both financial and participation requirements that must be honored throughout the year.

- \_\_\_\_\_ 1. I have read the current Top Flight Policy Manual  
 \_\_\_\_\_ 2. I have read the current CMGO Parent Handbook  
 \_\_\_\_\_ 3. I understand that team is a year long financial commitment

**FINANCIAL OBLIGATIONS**

- \_\_\_\_\_ 3. **Registration Fee** - \$75.00 paid to Top Flight, due on May 31<sup>st</sup>.  
 \_\_\_\_\_ 4. **USAGymnastics.org** - \$62 annual membership  
 \_\_\_\_\_ 5. **Tuition Cost** – Due to Top Flight the 1<sup>st</sup> of each month. There is a \$5.00 late fee after the 7<sup>th</sup> of the month.

<u>GIRLS</u>	<u>GIRLS</u>	<u>BOYS</u>
Preteam A (2 days) \$180 _____	Level 4 .....\$265 _____	Preteam A .....\$130 _____
Level 3 (3 days) \$245 _____	Level 5/6 .....\$330 _____	Level 3 .....\$200 _____
Xcel (2 days) \$200 _____	Level 7/8 (4 days) \$330 _____	Level 4 .....\$265 _____
Xcel (3 days) \$245 _____	Level 8 (5 days) ...\$385 _____	Level 6/7/8 .....\$330 _____
	Level 9/10 (5 days) \$385 _____	Level 9/10 .....\$330 _____

\*

- \_\_\_\_\_ 6. **Meet Fee Cost** – Due to CMGO by September 15<sup>th</sup> (1<sup>st</sup> half), October 31<sup>st</sup> (2<sup>nd</sup> half)  
 \_\_\_\_\_ 7. **CMGO Assessments** - \$50(Pre-team A-Boys and Girls) or \$450.00(competitive) due in three installments (\$50 Pre-team A - Girls) or (\$150 competitive), Aug. 31<sup>st</sup>, Nov 30<sup>th</sup>, and Feb 28<sup>th</sup>. Amount determined each year by CMGO Board. Subject to change based on the Board's discretion.

*This form must be completed & turned in by May 31<sup>st</sup>.*

## **PARENTAL OBLIGATIONS FORM**

(continued)

### **PARTICIPATION OBLIGATIONS**

\_\_\_\_\_ **9. Mandatory Quarterly Meeting Attendance** – Required attendance at four general membership meetings held throughout year (approximately every quarter). Meetings are held on weeknights. See the CMGO handbook for more details about meeting schedules.

\_\_\_\_\_ **10. Mandatory Host Meet Participation** – Top Flight requires participation in support of meets hosted by Top Flight and CMGO during the competitive season. See the CMGO handbook for a detailed description of “Sessions”. Session requirements are determined by the CMGO Board when the meet schedule is established during the fall. Session requirements may change annually. 2019 – 2020 requirements were 4 to 5 sessions.

*\*Additional all parents must fulfill set-up and clean-up requirements for each hosted meet.*

\_\_\_\_\_ **11. Mandatory Committee/Executive Board Participation** – Top Flight requires that families participate annually on a CMGO committee. Please refer to the CMGO Handbook for more details about participation requirements and about committee functions.

## Floor and Beam Routine Choreography Selection Form

Thanks to all who participated in Natasha's group clinics. Top Flight plans to use Natasha for on-going group clinics though out the year, as well as choreographing floor and beam routines for gymnast moving to levels 7, 8, 9 and 10. For scheduling purposes, please select if you want routines from Natasha for floor, beam or both. We will try to accommodate all requests.

We currently have scheduled time with Natasha for the following weeks:

June 21 - June 27 2021

August 8 - August 14 2021

November 7 - November 14 2021

The time commitment and cost for choreographed routines based on last year's prices are as follows:

Floor - 3 two hour sessions - \$510

Beam - 2 one & half hour sessions - \$220

Follow-up clinics for choreographed routines by Natasha are typically 2-3 gymnast per session; cost ranges from \$45-\$60 per gymnast per 1.5 hour session.

**Choreography group clinics** will be incorporated into Top Flight's gymnastics program and annual contract for the 2020-2021 season, and charged to your activity accounts, when applicable. The clinics will be scheduled by level, and the cost will be charged based on the number of gymnast per session. One hour session(s) for Pre-team, Girls Level 3 will range from \$17.50 to \$40 per gymnast; and 1.5 hours session(s) for Girls L5-L10 will range from \$31.50 - \$60 per gymnast.

If you have any questions, you can talk with Dale

Name \_\_\_\_\_

Beam    Yes \_\_\_\_\_                      No \_\_\_\_\_

Floor    Yes \_\_\_\_\_                      No \_\_\_\_\_

*This form must be completed & turned in by May 31<sup>st</sup>.*

# RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS AND VIDEO

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, I hereby grant **Top Flight Gymnastics and Central Maryland Gymnastics Organization (CMGO)** the irrevocable right and permission, throughout the world, in connection with the photograph (and video that were taken of me or which I provided to **Top Flight Gymnastics and Central Maryland Gymnastics Organization(CMGO)**, (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 including social media, 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 and Central Maryland Gymnastics Organization(CMGO)** so desires.

I hereby forever release and discharge **Top Flight Gymnastics and Central Maryland Gymnastics Organization(CMGO)** 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 and Central Maryland Gymnastics Organization(CMGO)**.

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**

---

*Print or type both subject's and parent's name*

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

---

**Top Flight Gymnastics Staff Signature and Title**

*This form must be completed & turned in by May 31<sup>st</sup>.*



# HEALTH HISTORY

FILL IN EACH SPACE - RETURN TO TEAM DIRECTOR BY MAY 31<sup>ST</sup>

NAME: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

Past Illnesses or Medical Problems (Check those which have occurred at anytime; Star those that occurred within past five years.)

## Immunization Record

Are immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Asthma: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wear glasses or contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Past Injuries (Indicate if you have, or have ever had, any of the following conditions. State when you were seen, by whom, and if you have this condition now.)

Concussion: \_\_\_\_\_

Skull fracture: \_\_\_\_\_

Neck injuries: \_\_\_\_\_

Shoulder injuries: \_\_\_\_\_

Elbow injuries: \_\_\_\_\_

Arm injuries: \_\_\_\_\_

Wrist injuries: \_\_\_\_\_

*This form must be completed & turned in by May 31<sup>st</sup>.*

Rib cage injuries: \_\_\_\_\_  
Back injuries: \_\_\_\_\_  
Hip injuries: \_\_\_\_\_  
Thigh injuries: \_\_\_\_\_  
Lower leg injuries/Shin splints: \_\_\_\_\_  
Ankle injuries: \_\_\_\_\_  
Foot injuries: \_\_\_\_\_  
Muscle pulls: \_\_\_\_\_  
Tendinitis: \_\_\_\_\_  
Any injury not mentioned: \_\_\_\_\_

Have you been advised to restrict activity during the last five years? If so, please give details.

---

---

---

PHYSICIAN'S REPORT

*Annual medical exams are suggested but not required*

Significant Findings of Medical Examination

Name of Athlete: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physical findings which are of significance to athlete participating in the sport of gymnastics:

---

---

---

Recommendations concerning participation in gymnastics:

---

---

---

Is athlete capable of sports competition? Yes \_\_\_\_\_ No \_\_\_\_\_

Should there be any restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks: \_\_\_\_\_

---

---

Date: _____	Signature of _____
Examining Physician	

-----  
Name of Examining Physician

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(See back page)

*This form must be completed & turned in by May 31<sup>st</sup>.*

**TOP FLIGHT GYMNASTICS CENTER TEAM MEMBER**

***Authorization for Emergency Medical Treatment***

**June 1, 2021 to May 31, 2022**

**PLEASE PRINT**

**Gymnast's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**ZipCode:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**If parent cannot be reached, call:**

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

*(continued on back)*

*Authorization For Emergency Medical Treatment, page 2*

In the event that neither parent (guardian) can be contacted for emergency treatment, I authorize Dale Kaestner, Top Flight Gymnastics Center Team Director, or any member of the Top Flight Gymnastics Center Coaching Staff, to administer First Aid and/or take my child, \_\_\_\_\_, (child's name) to a physician or hospital and to authorize emergency treatment. Local rescue squad may treat and/or transport child in emergency situation.

**Physician's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Insured:** \_\_\_\_\_

**Policy/Group/ID Number:** \_\_\_\_\_

***A COPY OF YOUR MEDICAL INSURANCE CARD (FRONT AND BACK) MUST BE ATTACHED TO THIS FORM.***

**Signed:** \_\_\_\_\_ **(Parent) Date:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_