



Winter Springs TGA - Registration Form

| <u>TGA Program</u> | <u>Qualifying Age</u> | <u>Tuition Fee (4 Classes/Month)</u> |
|-------------------------|-----------------------|--------------------------------------|
| Tiny Gymsters | 3 - 4 Yrs | \$70 per Month/45 min Class |
| Tumble/Gymnastics Class | 5 Yrs + | \$80 per Month/55 min Class |

| | | |
|--|----------------|------|
| Registration Fee Schedule: August 1 is Annual Start | Aug thru Oct | \$40 |
| | Nov. thru Jan | \$30 |
| | Feb thru April | \$20 |
| | May thru July | \$10 |

Tuition discount of \$10.00 for any student taking additional classes

All students are required to wear proper training attire: shirts, shorts, leotards, etc. Safety is a primary concern. Any behavior which may cause mental or physical harm to self or others will be immediate grounds for removal from class.

Student and Family Information

Student's Name: _____

Program Selected: _____

Class Day: _____ Class Time: _____

Parents or Guardian Names: _____ **Cell:** _____

Address: _____ Home Phone: _____

City _____ State _____ **Zip Code** _____

E-Mail Address: _____ Age: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Medication/ Special Needs: _____

1307 Winter Springs Blvd., Winter Springs, FL 32708 Ph: 407-542-7964
www.scottjohnsonstga.com E-Mail: winterspringstga@gmail.com



TGA Athletics, LLC

Scott Johnson's Tumble & Gymnastics Academy

Assumption of risk * Waiver of liability * Photo release * Medical authorization

Child or Children's Name: _____

I fully understand that TGA Athletics, LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the TGA Athletics, LLC staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the TGA Athletics, LLC staff to call our doctor and to seek medical help, including transportation by a TGA Athletics, LLC staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the TGA Athletics, LLC staff deem this to be necessary.

We the staff of TGA Athletics, LLC recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, Tumbling, Cheerleading, and Dance can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

TGA Athletics, LLC, its coaches, other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by TGA Athletics, LLC I, my executors or other representatives, waive and release any claims for damages that I or my child may have against TGA Athletics, LLC and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parents feels is appropriate. TGA Athletics, LLC will only warn the child through "Safety Messages" and our teaching style and progressions.

I hereby grant permission for myself or my child's likeness to be used in TGA Athletics, LLC publicity or advertising.

Parent or Guardian:

Print Name: _____ Signature: _____ Date: ____/____/____

Cell Phone: _____ Email: _____

Zip Code: _____ Comments: _____