

## **Apopka TGA - Registration Form**

TGA Program	<b>Qualifying Age</b>	Tuition Fee (4 Classes/Month)	
Tiny Tumblers Tumble/Gymnastics Class	3.5 - 5 Yrs 5 Yrs +	\$75 per Month/45 min Class \$85 per Month/55 min Class	
Registration Fee Schedule: August 1 is Annual Start	Aug thru Oct Nov. thru Jan Feb thru May	\$45 \$35 \$25	

## 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:	 Age:		
Program Selected:			
Class Day:	 _ Class Time:		
Parents or Guardian Names:	 <mark>(</mark>	Cell:	
Address:			
City			
E-Mail Address:	 		
Emergency Contact:	 Relation:	Phone:	
Medication/ Special Needs:	 		

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## 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 the above in mind, I hereby release the T the event of any injury or illness, and if de medical help, including transportation by volunteer, to any health care facility or he LLC staff deem this to be necessary.	GA Athletics, LLC staff to rereemed necessary by the TGA a TGA Athletics, LLC staff me	nder temporary first aid Athletics, LLC staff to ember and or its repres	d to my child or childrer call our doctor and to se sentatives, whether paic	n in eek d or
We the staff of TGA Athletics, LLC recognize hazards associated with the sport of gymnaminor, serious or catastrophic in nature. Gyinjury.	astics, tumbling, cheerleading	, and dance. Students i	may suffer injuries, poss	ibly
Parents should make their children aware of and the coaches' instructions.	f the possibility of injury and e	ncourage their children	to follow all the safety re	ules
TGA Athletics, LLC, its coaches, other staf during the course of gymnastics, tumbling exhibition, competition, or clinic in which	g, dance or cheerleading instr	uction, or open worko	uts, or in the course of	
With the above in mind, and being fully ar or children participate in the programs of and release any claims for damages that whether paid or volunteer.	fered by TGA Athletics, LLC	I, my executors or ot	her representatives, wa	aive
I also affirm that I now have and will cont which I consider adequate for both my child			accident insurance cover	age
I also understand that it is the parents' responsible to what the should warn the child according to what the "Safety Messages" and our teaching style and our t	e parents feels is appropriate.			
I hereby grant permission for myself or my	child's likeness to be used in 7	GA Athletics, LLC public	city or advertising.	
Parent or Guardian:				
Print Name:	Signature:	[	Date:/	
Cell Phone:	Email:			

Zip Code: \_\_\_\_\_\_ Comments: \_\_\_\_