



STUDENT REGISTRATION FORM

8743 E Pecos Rd #119 Mesa, Az 85212

480-987-5400 www.topgunandcheeraz.com

STUDENT INFORMATION

1st Student Name: _____ Age: _____ Birthdate: ____/____/____

2nd Student Name: _____ Age: _____ Birthdate: ____/____/____

3rd Student Name: _____ Age: _____ Birthdate: ____/____/____

4th Student Name: _____ Age: _____ Birthdate: ____/____/____

Special Medical Conditions/Allergies/Restrictions: _____

PARENT/GUARDIAN/BILLING CONTACT

Parent/Guardian Names: _____

Address: _____ City: _____ Zip: _____

Mom Contact #: _____ Dad's Contact #: _____

E-Mail: _____

Malone Athletics LLC dba Arizona Top Gun and Top Gun AZ (herein after referred to as "Top Gun") ACKNOWLEDGEMENT, AUTHORIZATION AND RELEASE FORM In consideration for (athlete name) 's participation in the activities provided by Top Gun, including but not limited to all aspects of cheerleading, tumbling, trampoline, and dance training and/or competition, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury and/or death. I hereby release Top Gun, including its officers, shareholders, agents, and employees, from any liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring on the premise of Top Gun, including any event sponsored or sanctioned by Top Gun, and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent hiring, negligent supervision, negligent maintenance, or improper/dangerous equipment; it is intended to be as broad as permissible under Arizona Law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend Top Gun, including its officers, shareholders, agents, and employees from any loss, liability, damage, or cost incurred by them due to the above named athlete on the premises or during any event sponsored or sanctioned by Top Gun. This release is intended to be binding upon the athlete, his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. In addition, I give Top Gun permission to film, photograph, or videotape the above athlete for any reproductions, movies, televised events, or promotional print associated or in any way connected with Top Gun. I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that the athlete is in good health and may participate in any Top Gun activities. In case of an emergency requiring medical treatment, the undersigned hereby authorizes Top Gun to take the above named athlete to a qualified medical or hospital facility for care and treatment.

MEDIA WAIVER: I also understand and give permission for photographs and videos of names persons and/or participants being used in print, social or broadcast media as deemed appropriate for the promotion of Malone Athletics, LLC dba Top Gun Az.

I HAVE READ AND FULLY UNDERSTAND THE MALONE ATHLETICS DBA TOP GUN AZ, LLC RULES, RESPONSIBILITES AND PROCEDURES.

Parent/Guardian Printed Name

Parent/Guardian Signature



AUTO-PAY CREDIT CARD FORM

Student Name: _____

Name on Card: _____

Billing Address of Card: _____

Card Type: _____ Card Number: _____

Card Expiration Date: _____ Card Security Code: _____

****For your safety this form will be SHREDDERED after information has been entered into our secure database computer system.**