

Trousdell Gymnastics Center

Class Request Form

Please fill out this information completely.



Participant Information

First:		Middle Initial:	Last:	
Birthdate:	Age:	Sex:	<input type="radio"/> Male <input type="radio"/> Female	
Address:			Where do you live? <input type="radio"/> Within City Limits* <input type="radio"/> Within Leon County <input type="radio"/> Other	
City:		State:	Zip:	
Home Phone:		School:	Grade:	
Mom's Name:			Dad's Name:	
Mom's Employer:			Dad's Employer:	
Mom's Work Phone:			Dad's Work Phone:	
Mom's or Dad's Alt Phone:			Email Address:	
Doctor and Phone #:			Emergency Contact and Phone #:	
Any medical conditions, allergies, or special circumstances that effect participation in class :				

Permission to Participate

Participant's Name: _____

It is agreed by my signature below, that in the event I am disabled, injured, or incur disease of a temporary or permanent nature while participating, to waive any and all claims or liabilities against the City of Tallahassee Parks, Department of Parks, Recreation and Neighborhood Affairs, the City of Tallahassee, Florida and/or staff of said activities and programs. The City of Tallahassee Department of Parks, Recreation Neighborhood Affairs reserves the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the Department of Parks, Recreation Neighborhood Affairs and may be used for publicity or promotion purposes only.

It is suggested that you participate in this program under your physician's advice.

Date

Signature of Parent or Adult Participant

By accepting a place on TGC's competitive teams, you are agreeing to abide by all the rules and policies of the team program.