



GIRL SCOUT WORKSHOP

REGISTRATION FORM

TAGS SOUTH

November 1, 2008 1:30-2:30 p.m.

Name	Phone
Address	City
Zip	Birthdate
	Troop
Parent Name	Daisy _____ Brownie _____ Jr. GS _____

MEDICAL INFORMATION

Last Name _____
 List any physical disabilities, chronic ailments, psychological disabilities and allergies for each child:

Child's Name _____

Insurance Company Name: _____

Policy/Group/ID Number: _____

Person to call in an emergency in the event parents cannot be reached:

Name _____ **Phone** _____

TAGS South, 5880 149th St. W, Apple Valley, MN 55124 • 952.431.6445

TAGS Eden Prairie, 10300 West 70th St., EP, MN 55344 • 952.920.5342

Participants should wear work out clothes or leotard with long hair tied back, no jewelry, bare feet.

**Learn more about TAGS at:
 Www.tagsgym.com**

Return this form with \$10.00 payable to TAGS South, You must pre-register, space limited

Release

In consideration of Thompson Academy of Gymnastics accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons or meets.

I give permission to Thompson Academy of Gymnastics and / or appropriate medical facility to make whatever emergency first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Thompson Academy of Gymnastics.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deems it necessary. The child will be transported at my expense. I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Warning! Catastrophic injury, paralysis or even death can result from the improper conduct of the activity.

Further, I hereby release and agree to hold harmless and to indemnify the Thompson Academy of Gymnastics employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Parent's Signature _____ Date _____

Space Limited, sign up early! Deadline October 22