



8 Riverside Street

Nashua, NH 03062

(603) 883-7444

www.gotopfitness.com

Registration Form:

Date of Application: ____ / ____ / ____

Athlete's Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Date of Birth ____ / ____ / ____ Age ____ Male/Female ____ Home Phone _____ Email _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Mother's Email _____ Father's Email _____

Would you like to receive email notices of events? _____

Please indicate how you heard about this program. _____

Waiver & Release of Liability:

In consideration of being allowed to participate in anyway in the **TOP Fitness LLC** programs, the undersigned acknowledges, appreciates and agrees that:

- I. The risk of injury from the activities involved in this program is significant, including the potential for paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and
- II. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my voluntary participation; and
- III. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any usual significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest staff member immediately; and
- IV. I, for myself and on behalf of my spouse, heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, TOP Fitness LLC, the host organization and facility, any owners, sponsors, coaches, officials, volunteers, employees, agents, officers or directors of the above organization, and if applicable, owners and lessors of premises used to conduct the event (collectively the "Releasees") with respect to any and all injuries, disabilities, loss of life or damage to person or property occurring or arising out of participation in the program.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. If participant is under the age of 18, this certifies that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my spouse, my heirs, assigns, and next of kin, I forever realize and agree to indemnify, defend and hold harmless the Releasees from any and all liabilities as set forth above arising of or occurring from my or my minor child's involvement or participation in TOP Fitness LLC programs organized or sponsored or run by any of the Releasees, owners, their agents or representatives.

(If under 18, then Parent/ Guardian Signature) (Please Print Name) Date: ____ / ____ / ____



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Medical Release, Proof of Insurance & Emergency Information:

Athlete's Name _____
(Last) (First) (Middle)

I _____ give the staff permission to provide emergency medical transportation
(Parent or Guardian)

and authorize emergency treatment for _____
(Athlete's Full Name)

My first choice of hospital is _____
(Name and Address of Hospital)

My child's physician is _____
(Name) (Address) (Phone)

(Insurance Carrier) (Name of Policy Holder) (Policy Number)

(Emergency Contact Person) (Phone) (Alternate Emergency Contact) (Phone)

Please describe any medical conditions that we should be made aware of: _____

I also agree to notify TOP Fitness LLC, in writing, of an injury or other medical problem that may be considered related in any way to TOP Fitness LLC activities no later than 24 hours after specific activity occurred. I agree that the afore mentioned business shall not bear financial responsibility for seeking medical treatment for my child and I agree that I will be responsible for the payment to any health care agency providing this aid. I agree to only participate in those covered events and programs in which I believe I am physically and psychology prepared to complete.

(Parent/Guardian Signature) (Parent/Guardian Name) ____/____/____
(Date)

General Rules, Payment and Cancellation Guidelines:

- Offensive language, fighting, taunting, and any other misbehavior will result in immediate removal from the program.
- The event sponsors may use any photographs, films or videotapes of the event for educational and/or promotional purposes.

Please note that all athletes must have complete registration forms with appropriate signatures. All payments are due at the time of registration. THERE ARE NO REFUNDS FOR ABSENCES OR WITHDRAWALS. Spaces are limited and registration is on a first come, first serve basis. Please mail registration and payment to the care of **Top Fitness, 8 Riverside Street, Nashua, NH 03062**. Once you have registered we will make every effort to provide you with the registered event, but reserve the right to alter or cancel the whole or part of the event if we cannot avoid doing so. Reasons for doing so would include, but are not limited to, extreme adverse local weather conditions, natural disasters, civil strikes or war, terrorist activity, fire, drought conditions and similar, insufficient number of athletes and/or any circumstance or situation of that kind.

I, as legal guardian and _____ agree to adhere to the above rules, regulations, and policy guidelines.
(Participating Athlete's Name)

(Parent/Legal Guardian Signature)