

TYPA MASTER REGISTRATION FORM

TYPA Family Membership Number					
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Family Name		Father's Full Name		Mother's Full Name	
Nationality		Office Phone #		Office Phone #	
Home Phone #		Cell Phone #		Cell Phone #	
		Company Name		Company Name	

Email 1		Email 2	
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Home Address	
Zip Code	

Emergency Contact Person (Primary)		Phone #	
Emergency Contact Person (Secondary)		Phone #	

MEM #	FIRST NAME	LAST NAME	BIRTHDAY MM/DD/YY	GRADE	SCHOOL	NATIONALITY	SEX	
							M	F
							M	F
							M	F
							M	F
							M	F

1. Due to legal requirements, participation in TYPA activities is strictly limited to those holding foreign passports.
2. TYPA carries comprehensive liability coverage for all participants wherever TYPA activities are held, but does not carry personal medical and accident insurance which is deemed to be a personal family responsibility.
3. In case of accident, parents will be notified immediately using the contact information on file in the TYPA office and hereby grant permission to have the participant taken to the TAS Nurse's office, Veteran's General Hospital or another nearby accredited hospital or clinic for emergency treatment.
4. Recognizing that despite the best efforts of TYPA to ensure the safety of the above named members, accidents may occur and the participants may need first aid or medical treatment, including the services of the TAS nursing staff, we the undersigned do hereby waive, and agree to waive, any and all claims we may have against TYPA, TAS, their officers, employees, directors and representatives arising from, or in connection with, any TYPA activity and any injury and/or treatment therefrom.
5. We hereby authorize and give full consent, without limitations or reservations, for TYPA to publish, in whole or in part, any photographs, videos, written extractions, and voice recordings in which our child appears in TYPA publications, including but not limited to newsletters, advertising, brochures, press releases, and TYPA's web sites or web pages.

FATHER'S SIGNATURE	DATE	MOTHER'S SIGNATURE	DATE

☛ **Both parents' signatures are required to complete the registration process.**

A Medical History Form should be completed at the time of registration if your child has any special conditions.