

REGISTRATION INFORMATION

Family Name: _____
Last

Contact Info:
Name: _____ Email: _____
Phone: _____ 2nd Phone: _____
Cell Home

Address: _____
Street City Zip Code

Student #1:
Name: _____ Gender: M/F Birth Date _____

**Class(s):
Name of Class: _____ Day/Time _____

Student #2:
Name: _____ Gender: M/F Birth Date _____

**Class(s):
Name of Class: _____ Day/Time _____

***** First and Last Month tuition is due at signing of contract.**

****A 30 Day Notice in writing is required to withdraw from a class.**

****Registration fee is Non Refundable and is due annually upon registration date****

**** \$10 Late Fee for payments after the 8th of the month****

How did you hear about us? _____

Parent Signature Date

Total Amount Owed: _____ * (includes registration fee**
\$50-1 \$70-
*** Total Amount Paid: _____ check# _____ cash _____ cr. cd _____

All Star Waiver/Release Form

In consideration of participating in any activity at All Stars Unlimited II, I represent that my child is in proper physical condition to participate. I acknowledge that if I feel that any conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and possibly death, of which may be caused by my own actions, or inactions, those of others participating in the activity, the conditions in which the event takes place, or the negligence of the "releasees" named below. There may also be other risks either not known to me or readily foreseeable at this time and I accept and assume all such risks and responsibility for losses, cost, and damages I incur as a result of participating in these activities.

I hereby release, discharge, and covenant not to sue All Stars Unlimited II, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the relasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as a result of such claim.

I have read the WAIVER/RELEASE, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

We, at All Stars Unlimited, recognize that there is a risk of injury when participating in the sports of gymnastics, dance, and cheerleading. While we do our very best to insure that these things do not happen, there is always a risk. We always take safety precautions as well as teach (and remind) the children of what those safety rules are. Parents are asked to remind their children of the risk of injury, and therefore, the importance of following the rules in class at all times.

With the above in mind, I fully understand the policies set in place at All Stars Unlimited, and release all rights and claims to the greatest extent allowed by the law for damages that my child may have against All Stars Unlimited.

Parent/Guardian Signature: _____ Date: _____

All Star Medical & Privacy Information

First and Last Name of Child: _____

First and Last Name of Parent or Guardian: _____

Address: _____

Child's Date of Birth: _____ Age: _____

Phone Number: Home _____ Work _____ Mobile _____

E-mail Address _____

Emergency Name and Contact Information: _____

Doctor and Contact Phone Number: _____

Please list all of your child's allergies or medical Conditions: _____

I DO/DO NOT (CIRCLE ONE) authorize photographs depicting my child or my likeness during participation in All Stars Unlimited Gymnastics activities which may appear in announcements, advertisements, and the All Stars Unlimited web site.

I hereby give my consent to All Stars Unlimited to provide, through medical services of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.

Parent or Guardian Signature: _____ Date: _____

I hereby verify that I have correctly filled out all of the information and agree to the terms and conditions listed in the All Stars Unlimited Parent Handbook. All information is correct and complete to the best of my knowledge.

Parent or Guardian Signature: _____ Date _____