



2016-2017 Special Needs Packet

Information and registration meeting Sunday May 15th at 3:00pm

Dear All Stars Unlimited Candidate and Parent,

Thank you for your interest in our brand new special needs cheer program. We are anticipating a very successful season and we would love for you to be a part of it.

All Stars Competitive Cheer is designed to tap into that “competitive” sport that cheer has become, but in a much more exciting and positive environment. The team will learn a routine that will be taken to competitions throughout the season. All Stars is a family-oriented program and we hope you join the growing family!

Cheers,

All Stars Unlimited Staff and Coaches

The following documents must be completed in full and signed. These may be turned in prior to or not later than May 23rd 2016.

- **Waiver/Release Form**
- **Medical Information Form**

Our goal is to keep this program budget friendly.

Registration:	\$50 due June 1 st
Tuition:	\$25 due monthly starting June 1 st (Includes competition fees!)
Uniform:	\$50 due July 1st (Includes uniform, bow, and practice shirt. You must provide white shoes and black spandex shorts)

All Stars 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.

Name of Child: _____

Parent/Guardian Signature: _____ Date: _____

All Stars Medical & Privacy Information

First and Last Name of Child: _____

First and Last Name of Parent or Guardian: _____

Address: _____

Child's Date of Birth: (MM/DD/YEAR) _____ Age: _____

Phone Number: Home _____ Work _____

Mobile _____

Parent Email Address _____

Emergency Contact: _____

Relationship to Child: _____

Emergency Contact Phone: _____

Doctor and Contact Phone Number: _____

Please list all of your child's allergies and medical conditions: _____

Does your child need assistants using the restroom? If so, please explain: _____

Does your cheerleader have seizures or anxiety attacks? If so please state which one, the warning signs, and best way to handle it: _____

Allergies or sensitivities: _____

Permission to Video/Audio Record or Photograph: All Stars Unlimited may invite the news media to publicize athletes, gym accomplishments and events. In addition, representatives of All Stars Unlimited may photograph, videotape, or audiotape athletes in our programs for purposes other than those stated directly in this release. This is most often done to highlight the achievements of our athletes and to provide general information about our programs. The photos or videos may appear in publications or on our website and social media outlets.

Parent/Guardian signature of this document indicates permission to photograph or videotape your athlete and for these images to be used as indicated by All Stars Unlimited.

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: _____