

ALLSTAR Registration Form



- After School
- Cheerleading
- Unlimited Tumbling
- Dance
- Tumble Tykes
- Gymnastics
- Focus Group Tumbling
- Trampoline & Tumbling
- Other

Class \$ _____ Annual Reg Fee \$ _____

Day (Circle One) _____ Time: _____

M T W Th F S Sun

I was Referred by: _____

Trial Date: _____

Participant Information

Participant Name _____ Home Number: _____

Address _____

City, State Zip _____

Age _____ DOB _____ Gender (Circle One) **M F**

Parent/Gaurdian Information

Mother's Name _____ Work Telephone _____

Email Address _____ Cellular Phone _____

Father's Name _____ Work Telephone _____

Email Address _____ Cellular Phone _____

Emergency Contact _____ Relationship _____

Telephone Number _____

Medical Information

Primary Care Physician _____ Telephone Number: _____

Insurance Carrier _____ Policy Number: _____

Allergies _____

List all previous injuries and/or physical limitation(s) _____

List all current medications: _____

Authorization

Video and Photography Release. I understand that my child's photograph/video may be taken during the course of class instruction or during a special event. I hereby grant my permission for the resulting video and /or photograph to be used for any and all publicity and printing purposes

Notice of Termination: I understand that ALLSTAR Programs requires notice by the 15th of the month prior to terminating a monthly class. One class attended for any month constitutes ownership of that class spot for the entire month.

I understand that in any activity the potential exists for injury, minimal to catastrophic.. All Star Cheerleading, Gymnastics and Dance, it's employees agents, officers and directors shall not be responsible for losses and damage associated with participation in any activity, exhibition, competition, recital or clinic or travel to or from any event in which the above named is involved. I hereby release ALLSTAR Cheerleading, Gymnastics and Dance staff to render first aid in the event of any injury or illness, to see medical assistance if deemed necessary and to transport to a medical facility or to call an ambulance.

Parents Signature _____ Date: _____

Method of Payment

Check Number: _____ Cash: _____ Credit Card _____ MC Visa AMEX Other