

2010-2011 ALL STARZ ACADEMY OF GYMNASTICS & DANCE REGISTRATION

STUDENT'S NAME _____ DATE OF BIRTH ____/____/____ AGE _____

PHONE # _____ ADDRESS _____

MAILING ADDRESS _____ CITY, STATE, & ZIP _____

MOTHER'S NAME _____ WORK# _____ EMPLOYER _____

FATHER'S NAME _____ WORK# _____ EMPLOYER _____

MOTHER'S CELL _____ FATHER'S CELL _____

EMAIL ADDRESS _____ I AM A CITIZEN OF THE U.S. ____ YES ____ NO

MEDICAL CONDITIONS WE SHOULD BE AWARE OF _____

DOES YOUR CHILD TAKE MEDICATIONS REGULARLY? ____ NO ____ YES IF YES WHAT? _____

PRIMARY MEDICAL INSURANCE _____ POLICY# _____

EMERGENCY# _____ NAME _____ RELATIONSHIP TO CHILD _____

GENERAL POLICIES OF ALL STARZ ACADEMY OF GYMNASTICS & DANCE:

- NO TUITION REFUNDS
- \$25.00 FEE FOR RETURNED CHECKS
- TWO MAKE-UP CLASSES PER SESSION IF AVAILABLE
- DROPPING AND RE-ENTERING THE PROGRAM DURING THE YEAR MEANS A RE-REGISTRATION FEE
- YOU MAY TAKE A BREAK OF UP TO TWO SESSIONS DURING THE YEAR WITHOUT HAVING TO PAY A SECOND REGISTRATION FEE UPON RETURNING ONLY IF YOU NOTIFY US AHEAD OF TIME THAT YOU WILL BE TAKING TIME OFF.
- MAKE PAYMENTS AT THE FRONT DESK OR YOU MAY MAIL THEM. ALL STARZ DOES NOT BILL FOR TUITION.
- ADD \$10.00 FOR EACH CLASS TO TUITION PAID AFTER WEEK ONE. PAYMENT MUST BE RECEIVED DURING WEEK ONE BEFORE THE OFFICE CLOSSES FOR THE WEEK IN ORDER TO RECEIVE THE EARLY BIRD DISCOUNT.
- TUITION NEEDS TO BE PAID BY FRIDAY OF THE 2ND WEEK OF THE SESSION IN ORDER TO PARTICIPATE IN CLASS.
- AFTER 2 WEEKS OF NON-PAYMENT STUDENT WILL BE DROPPED UNLESS NOTIFIED OTHERWISE. HOWEVER, YOU WILL BE HELD RESPONSIBLE FOR PAYMENT FOR THESE TWO WEEKS UNLESS YOU NOTIFY US THAT THE CHILD IS DROPPING.
- NO CHILDREN UNDER THE AGE OF 16 ARE TO BE LEFT AT THE GYM WITHOUT ADULT SUPERVISION UNLESS THE CHILD IS ENROLLED IN OUR PROGRAM AND WAITING FOR HIS/HER CLASS TO START.
- PARENT OBSERVATION: WE HAVE AN OPEN DOOR POLICY. PARENTS ARE ALWAYS WELCOME TO SIT IN OUR VIEWING AREAS AND OBSERVE THEIR STUDENTS. **PLEASE OBSERVE QUIETLY & DON'T TRY TO COACH OR DIRECT THE CHILDREN.** BY COACHING YOUR CHILD YOU ARE UNDERMINING THE COACHES' AUTHORITY AND ROLE IN YOUR CHILD'S GYM/DANCE CAREER. STUDENTS WHOSE PARENTS COACH THEM WILL BE ASKED TO LEAVE THE CLASS. YOUR CHILD NEEDS TO BE ALLOWED TO LEARN IN A PRESSURE-FREE ENVIRONMENT. PLEASE BE CONTENT WITH OBSERVING YOUR CHILD.
- GYMNASTICS: **GIRLS** MUST WEAR A FORM-FITTING LEOTARD. IT CAN BE WORN BY ITSELF OR WITH NON-BAGGY ELASTIC WAIST WORKOUT SHORTS. NO SOCKS, SKIRTS, OR T-SHIRTS. NO JEWELRY OR WATCHES. **BOYS** MUST WEAR ELASTIC-WAISTED WORKOUT SHORTS (NO JEANS) & A NON-BAGGY T-SHIRT. NO SOCKS, JEWELRY, OR WATCHES.
- HAIR MUST BE PULLED BACK & SECURED FROM FACE FOR GYMNASTICS CLASSES.
- DANCE: **GIRLS** MAY WEAR ANY DANCE WEAR, LEOTARDS, DANCE SKIRTS, ATHLETIC SHORTS, JAZZ PANTS – ANYTHING THAT STRETCHES & ALLOWS FREE MOVEMENT. NO JEANS. DANCE SHOES MUST BE WORN, BARE FEET FIRST CLASS ONLY. **BOYS** WEAR ANY T-SHIRT & ELASTIC-WAISTED SHORTS OR SWEATS. NO JEANS. DANCE SHOES MUST BE WORN, BARE FEET FIRST CLASS ONLY.
- SHOULD AN EMERGENCY ARISE THE ALL STARZ STAFF WILL CALL FRO MEDICAL OR SURGICAL CARE FOR MY/OUR CHILD. A CONSCIENTIOUS EFFORT WILL BE MADE TO LOCATE ME/US BEFORE EMERGENCY ACTION IS TAKEN. THE EXPENSES OF MEDICAL TREATMENT OR CARE WILL BE ACCEPTED BY ME/US.

PRINTED NAME OF PARENT/GUARDIAN

DATE OF REGISTRATION ____/____/____
CLASS _____

SIGNATURE OF PARENT/GUARDIAN

REGISTRATION FEE \$ _____
TUITION \$ _____

Referred by: _____

ALL STARZ ACADEMY OF GYMNASTICS & DANCE

Certificate of Informed Consent

I, _____ **(child's name)**, have hereby enrolled in a program of strenuous gymnastics and/or dance which are vigorous sporting activities involving height and rotation in a unique environment and also include other various conditioning and exercises offered by All Starz Academy of Gymnastics & Dance and all subsidiaries thereof. I hereby affirm that I am in good health and physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program. I fully understand that the risks and dangers associated with participation in gymnastics and dance events and related activities always involve certain risks, including, but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that mats, pits, and other safety equipment and apparatus provided for my protection including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics, dance, and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in the activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

In consideration of my participation in All Starz Academy of Gymnastics & Dance and its subsidiaries' fitness curriculum, I, _____ **(child's name)**, for myself, my heirs, and assigns hereby release All Starz Academy of Gymnastics & Dance and all subsidiaries, owners, and employees thereof, from any claims, demands, and justifiable causes arising from my aforesaid participation.

Furthermore, I fully understand that I may injure myself or be injured as a result of said participation in All Starz Academy of Gymnastics & Dance and all subsidiaries' fitness programs; said injuries may include but are not limited to torn ligaments, dislocations, broken bones, bruises, heat prostration, joint illness, or heart failure.

I, _____ **(child's name)**, hereby release All Starz Academy of Gymnastics & Dance and all subsidiaries, owners, and employees thereof, from any liability, now or in the future for the aforesaid likely injuries whether occurring now or after participation has ceased.

This document is not a waiver and does not constitute a waiver. This document officially informs said participant of injuries that will most likely occur and that the said participant still wishes to participate and additionally assumes all risks of injury to her or himself.

Participant Signature: _____ **(child's name)**

Participant Printed Name: _____ **(child's name)** Date _____

PARENTAL CONSENT: I, _____ **(parent's name)** the parent and legal Guardian of said participant do hereby acknowledge the foregoing informed consent certificate as it pertains to my minor child. Furthermore, I have been counseled by All Starz Academy of Gymnastics & Dance and have been fully advised of the nature of the training requested and been made aware of the likely injuries that will result from said training.

I hereby affirm that I fully understand this document in its entirety.

Parent Signature of the Participant: _____ **(parent's name)**

Parent Printed Name: _____ **(parent's name)** Date _____