



Registration Form

Student's name _____ Date of birth ___/___/___ Age _____

Home phone # _____ Address _____

City _____ State _____ Zip _____ Email address _____

Mother's name _____ Work # _____ Employer _____

Father's name _____ Work # _____ Employer _____

Mother's cell # _____ Father's cell # _____

Emergency contact _____ Emergency # _____

Medical conditions we should be aware of _____

General Policies of All Starz Academy of Gymnastics & Dance:

Please initial on each line:

____ No tuition refunds/pro-rates – make-up classes are offered for any missed classes

____ \$25.00 fee for returned checks.

____ \$25.00 annual registration fee per student.

____ Tuition is run via autopay on the 25th of of the month for the upcoming month. Tuition must be paid by the 1st of the month in order to participate in class.

____ \$10.00 late fee will be assessed on accounts past due after the 1st of the month.

____ Missed classes may be made up within a month in a comparable class or open gym

____ If you pay for 3 months in advance, you will receive a 5% discount.

____ New students are welcome to attend ONE free trial class in *either* dance or gymnastics

____ Should an emergency arise, All Starz staff will call for medical care for my child. A conscientious effort will be made to locate me before emergency action is taken. The expenses of medical treatment or care will be accepted by me.

Printed name of parent _____ Signature of parent _____

Date _____ Referred by _____

All Starz Academy of Gymnastics & Dance - Certificate of Informed Consent

I, _____(parent/guardian) , have hereby enrolled my child, _____(child's name) 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 he/she is in good health and physical condition and does not suffer from any disability which would prevent or limit his/her 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 his/her 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 students 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 allowing my child to participate 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 child's participation in All Starz Academy Of Gymnastics & Dance and its subsidiaries' fitness curriculum, I _____(parent/guardian) , 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 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, _____(parent/guardian), 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.

PHOTO & VIDEO RELEASE: I, _____(parent/guardian), grant consent for my/minor's picture to be taken or to be filmed while participating in activities at All Starz Gymnastics. I authorize All Starz Gymnastics to use and publish images, photographs, pictures, portraits, and audio, video and/or film footage of me/minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, periodicals, and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release All Starz Gymnastics from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of me.

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 name _____

Participant signature (if 18 or older)_____ Date_____

Parental Consent: I, _____ (parent/guardian) 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_____ Date_____

Parent printed name_____