



# All-Star Athletics & Gymnastics

2018-2019

## Gymnast Personal Information

Gymnast's Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
School District: \_\_\_\_\_ Grade: \_\_\_\_\_

## Guardian 1 - Personal Information

Full Name: \_\_\_\_\_  
*Last First Relationship*  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

## Guardian 2 - Personal Information

Full Name: \_\_\_\_\_  
*Last First Relationship*  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
*Street Address – If same leave blank Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

## Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last First*  
Primary Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Healthcare Information

Policy Holder: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Physician First Name: \_\_\_\_\_ Physician Last Name: \_\_\_\_\_  
Physician Phone Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Special Health Concerns: \_\_\_\_\_

**RELEASE WAIVER**

All-Star Athletics & Gymnastics, LLC and the coaches are trained to exercise the necessary degree of care for the well-being of all members and to implement rules minimize the incidence of injury to our patrons. However, we recognize our obligation to make both our students and their parents aware of the possibility of injury that exists in gymnastics, cheerleading and fitness training. With this in mind, All-Star Athletics & Gymnastics must insist that all students and parents/guardians agree to abide by the following in regard to this matter. I, parent/guardian, have been advised of the above statements and clearly understand that All-Star Athletics & Gymnastics, LLC, its directors, coaches and staff will not be held responsible under any circumstances for any loss or injury sustained by any student or other patron during any classroom or practice activity or any other use of the facility and/or equipment. I, parent/guardian, understand the risk of injury that exists in the sport of gymnastics, dance, cheerleading, fitness training and other activities conducted at the facility. In the event my/our child is injured while participating in this program and intending to be legally bound, I agree not to seek restitution or damages from All-Star Athletics & Gymnastics, LLC and its coaches, officers and/or any of its personnel and hereby release said parties from any liability therefore. I affirm that my child has regular health-related physicals and is deemed physically sound for participation. I also affirm that I now have, and will continue to provide, insurance coverage that I consider adequate for my child's protection and care. I, also hereby give my permission for my child to be photograph, video, and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any All-Star Athletics activity and for publicity surrounding participation in any of these events. I also hereby grant permission, in cases of injury or emergency, to have an athletic trainer, emergency medical technician and/or medical doctor provide medical assistance and/or treatment for my child \_\_\_\_\_ and have listed current medical insurance information above. (child's name)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**BILLING AUTHORIZATION**

I represent and warrant that I am making a purchase and paying for a service provided by All-Star Athletics & Gymnastics or by other merchants associated with this facility and that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

I hereby authorize (if online payment is made or autopay information is provided) All-Star Athletics & Gymnastics to charge my ACH draft, or credit card account for fees owed. I understand that a 30-day written notice is required to terminate billing. I understand I am responsible for payment in full whether or not my student attends scheduled class(es) and that there is no pro-rate for missed lessons.

Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.

I understand that my registration fee is non-refundable and that I am responsible for all fees associated with class registration, even upon early or mid-semester withdrawal. I agree to pay all tuition and registration fees associated with each semester.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date