



**ATHLETE REGISTRATION  
2020-2021**

**ATHLETE 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: \_\_\_\_\_

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## RELEASE WAIVER

All-Star Athletics & Gymnastics and ASA 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 to 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 and ASA 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, ASA Gymnastics, LLC and 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 ASA Gymnastics, LCC 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 acknowledge risks associated with infectious disease and have signed the provided COVID waiver. I 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 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 on this form. (child's name)

I, also hereby give my permission for my child to be photographed, video, and/or audio taped to be used in print or broadcast media as deemed appropriate for promotion of any ASA GYMNASTICS activity and for publicity surrounding participation in any of these events.

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

\_\_\_\_\_  
Date

## BILLING AUTHORIZATION

I represent and warrant that I am making a purchase and paying for a service provided by ASA 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, late fees, and penalties.

I hereby authorize (if auto payment authorization form is completed) ASA Gymnastics to charge my ACH draft, or credit card account for fees owed. I understand that a 25-day written notice and stop payment form are required to terminate billing. I also understand I am responsible for payment in full whether my student attends scheduled class(es) and that there is no pro-rate or refund for missed lessons. I acknowledge that late fees will be charged if my account is past due. A class credit may be issued in the event of injury. A physician note stating the student is not eligible to participate and doctor's release date must be submitted to the gym office. All credits and makeup tokens will be handled on an individual basis and must be approved by a club director.

I understand 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 & registration fees associated with each enrollment/payment plan relating to my child's registration

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

\_\_\_\_\_  
Date