



All Star Academy Registration

Student's First Name: _____ Last Name: _____
Age: _____ DOB: _____ Gender: _____
Address: _____ City _____ State _____ Zip Code: _____
Insurance Name and Account# _____
Mother's Name _____ Home Phone _____
Work Phone Number _____ Cell Number _____ Email _____
Father's Name _____
Father Home _____ Phone Father _____ Cell Phone
Email _____
Emergency Contact Information: Name & Number _____
Please indicate any physical impairment or limitation below (include Allergies)

How did you hear about us? Student ___ Friend ___ Drive By ___ Facebook ___
Class Option 1 (Day and time) _____
Class Option 2 (Day and time) _____
Class Option 3 (Day and time) _____

EACH STUDENT MUST HAVE THEIR OWN INSURANCE IN EFFECT. It is the policy of The All Star Academy not to refund tuition fees except in the case of relocation, class cancellation or injury (with Doctors excuse). Do not bring or send personal items or jewelry to The All Star Academy. We are not responsible for lost or stolen items. Students must at all times abide by the safety standards of The All Star Academy. Any violations of these standards will be cause for dismissal. Parent or guardian is responsible for student up to entrance into the activity area with the instructor and immediately upon release from the instructor and exit from the activity area. Registration fees are due upon time of registration and are good for 1 full year. Registration fees are NONREFUNDABLE. Fees must be paid in accordance with printed fee schedule. STUDENTS MAY NOT ATTEND CLASS UNLESS ALL FEES ARE CURRENT. *

PHOTOGRAPH RELEASE: The All Star Academy periodically takes photographs for advertising and promotional use in print and electronic publications. By my signature below, permission is granted to use my or my child's picture or image in any future publications, web site and marketing literature or promotional videos for The All Star Academy.

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As the parent or legal guardian of the above listed student, I hereby consent to the above named person participation in the programs offered by Standing ovation events and productions Inc., D/B/A The All Star Academy. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis and even death, can occur in any activity involving height or motion, including gymnastics/cheerleading. I UNDERSTAND AND ACCEPT THAT RISK. I have additionally communicated these risks to my child(ren) participants. I also realize that my child(ren) will be performing and training on all gymnastics events plus various other training devices including the trampoline. *
By†Check†this†Above†you†have†read†and†understood†the†information†above.

I further understand that while the payment of tuition and registration fees constitutes a part of the consideration due to The All Star Academy for allowing my child(ren) to use the facilities and equipment at The All Star Academy, an additional and important part of the consideration due to The All Star Academy is this signed release form. *

Therefore, in consideration for allowing my child(ren) to use The All Star Academy equipment and facilities, I hereby forever release The All Star Academy, it's owners, officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered to my child(ren) while under the instruction, supervision or control of Standing Ovation Events and Productions Inc., D/B/A The All Star Academy, it's owners, officers, teachers or coaches.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for, or under the direction of The All Star Academy. In addition, I confirm that my child(ren) have been examined by a physician who has cleared them for unrestricted participation on these activities. *

This acknowledgment of risk of waiver of liability, having been read thoroughly and understand completely, is signed voluntarily as to its content and intent.

I certify that I have read and understand and accept this waiver from All Star Academy.

Signature Parent/Legal Guardian

Print Name Relationship to Student