



REGISTRATION FORM

Complete form and return with payment for Registration Fee, 1st month of Class and Baton

Registration Fee: \$25

1st month of Class: \$40

Baton: \$35

Make Checks Payable to: All American Twirlers

Name of Student: _____

Age: _____ Date of Birth: _____

E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Any known allergies or medical problems: _____

Parent/Guardian Name: _____

In Case of Emergency:

Emergency Contact: _____

Phone Number: _____ Relationship to Student: _____

The student listed above has my permission to participate with All American Twirlers for Baton Twirling classes. The undersigned agrees to hold Christina Balster and All American Twirlers harmless from any claim or injury to the above named youth arising out of or in any way connected with this activity. Christina Balster and All American Twirlers will not be held responsible in case of accident. If, I, the undersigned parent, cannot be contacted I do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions and emergency room physicians. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to said physician(s) to exercise his or her best judgment as to the requirement of such diagnosis or treatment.

Parent/Guardian Signature: _____ Date: _____

Contact Information: (805) 403-2356 ♦ aatwirlers@yahoo.com ♦ www.allamericantwirlers.com