



<b>Office Use Only</b>			
Membership Fee: _____ / _____			
I _____ / _____	III _____ / _____		_____ / _____
II _____ / _____	IV _____ / _____		_____ / _____

## Registration Form

**Please Print**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Street                      Town                      State                      Zip

Medical Conditions or allergies we should be alerted to: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ (Mother/Father) Cell Phone : \_\_\_\_\_

Parent's Name: \_\_\_\_\_ (Mother/Father) Cell Phone: \_\_\_\_\_

Best Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you learn about All-Star Gymnastics? \_\_\_\_\_

Has this student or anyone in family been enrolled at All-Star? Yes \_\_\_ No \_\_\_ If yes, approximate date/year \_\_\_\_\_

Siblings who attend All-Star & Class Days/Times: \_\_\_\_\_

### Class Choice

Program: \_\_\_\_\_ Level: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

We will call you *only* if your class choice is not available.

### Assumption of Risk \* Waiver of Liability \* Photo Release \* Medical Authorization

As legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in All-Star Gymnastics Center Inc.'s programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, ninja, tumbling and trampoline. I hereby give my consent for my child to participate in any and all All-Star Gymnastics Center, Inc.'s programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my or my child's participation, I hereby, for myself and my child and all our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE All-Star Gymnastics Center, Inc., its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am aware that individual and group photos and videos are taken from time to time and inconsideration for my or my child's participation I hereby grant my permission for my child's likeness to be used in All-Star Gymnastics Center, Inc.'s publicity or advertising.

In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold All-Star Gymnastics Center, Inc., and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for All-Star Gymnastics Center, Inc.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION. I understand that by signing this document I am giving up substantial rights. I am executing this document voluntarily and with full knowledge of its significance. I VOLUNTARILY affix my signature in agreement.

PARENT/LEGAL GUARDIAN's signature \_\_\_\_\_ Date \_\_\_\_\_

**5 Kidder Road \* Chelmsford, MA 01824 \* ph: (978) 256-7766 \* fax: (978) 256-7779**

**[www.all-stargymnastics.com](http://www.all-stargymnastics.com)**