

# STARZ ACADEMY REGISTRATION

Send Form

Session: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parents Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

*How did you hear about us? Internet, phone book, radio, magazine referral (name): \_\_\_\_\_ other: \_\_\_\_\_*

**1st Child:**  
 Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_  
 Class: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_  
 Membership Fee: \_\_\_\_\_  
 Class Fee: \_\_\_\_\_

**2nd Child:**  
 Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_  
 Class: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_  
 Membership Fee: \_\_\_\_\_  
 (Discount) Class Fee: \_\_\_\_\_

**3rd Child:**  
 Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_  
 Class: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_  
 Membership Fee: \_\_\_\_\_  
 (Discount) Class Fee: \_\_\_\_\_

## MEDICAL INFORMATION

OFFICE USE ONLY <i>Update made in:</i>	
Main session book	Roll sheet
Skill Sheet	Proschool

Last Name: \_\_\_\_\_  
 List any physical disabilities, chronic ailments, psychological disabilities and allergies for each child:  
 1<sup>st</sup> Child Name \_\_\_\_\_  
 Issues: \_\_\_\_\_  
 2<sup>nd</sup> Child Name \_\_\_\_\_  
 Issues: \_\_\_\_\_  
 3<sup>rd</sup> Child Name \_\_\_\_\_  
 Issues: \_\_\_\_\_

**Insurance company name:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_  
**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Person to call in an emergency in the event the parents cannot be reached:  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of participating in the sport of gymnastics I represent that I understand the nature of the activity and that the minor is qualified, in good health, and in proper physical condition to participate in gymnastics. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue the minor's participation in gymnastics. I fully understand that gymnastics involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the minor's actions, those of others participation in the event, the condition in which the event takes place, or the negligence of the "releasers" named below: and that there may be other risks wither not known to me or not readily foreseeable at this time' and I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of the minor's participation in gymnastics.  
 And I, the minor's parents and /or legal guardian, understand that nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in gymnastics. I hereby release, discharge, covenant not to sue Starz Enterprises Academy LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors or premises on which gymnastics takes place (each considered on of the "RELEASEES" herein) and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement of assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I give Starz Enterprises LLC permission to use photos of my child(ren) for promotional purposes in advertising literature and on their business web site.  YES  NO

Parent/Guardian Signature \_\_\_\_\_  
 Parent/Guardian Name (Printed) \_\_\_\_\_  
 Date \_\_\_\_\_

OFFICE USE ONLY		<i>NO REFUNDS!!</i>
<b>Method of Payment:</b>	<b>Total:</b> _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<b>Deposit:</b> _____	
<input type="checkbox"/> Credit Card _____	<b>Balance:</b> _____	
<input type="checkbox"/> Electronic Funds Transfer:	<b># of months:</b> _____	
<input type="checkbox"/> checking <input type="checkbox"/> savings	<b>\$/month: \$</b> _____	
<b>Routing #:</b> _____	<b>Account #:</b> _____	