

	PRIVATE
	TRIAL TUMBLE



REGISTRATION/WAIVER FORM 2025-2026

PLEASE READ BOTH SIDES OF THIS AGREEMENT BEFORE REGISTERING

Date: _____

How did you hear about Allstar Athletics? _____

Athlete's Name: _____

Birth Date: _____ Father's Name: _____

Mother's Name: _____ Guardian: _____

Home Address: _____ City: _____

State: _____ Zip: _____ E-Mail Required: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Previous Cheerleading, Gymnastics, Tumbling, Dance: _____

In an emergency the person other than the parent to be notified is:

Name/Relationship _____ Emergency Phone: _____

Special Medical Conditions: _____

INSURANCE INFORMATION – (Insurer BCBS, Aetna, other) Group Name:

POLICY NUMBER: _____ Policy Holder: _____

(Please Turn Over – MUST SIGN BACK PAGE)

SAFETY – I understand I am responsible for my child's siblings, family member's, guest's and my behavior and safety while on the Allstar Athletics premises, including gym area, parking lots, bathrooms, waiting areas, etc.

TUITION and FEES – I understand all payments are due the first day of class each month or the day of private. I know there will be a \$30.00 charge for all NSF checks. Unpaid balances are subject to collection agency and related costs. Please note this can affect your credit rating.

REGISTRATION AND FEE - (\$35 for tumbling students) annual family non-refundable registration fee is payable the date of enrollment.

MISSED CLASSES – There are no refunds, credits, or prorating of fees for missed days, holidays or class withdrawal or dismissal.

MEDICAL RELEASE - I fully understand the staff of Allstar Athletics are not physicians or medical practitioners of any kind. With that in mind, I hereby release Allstar Athletics Inc. to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred from training, competition, or participation in activities with Allstar Athletics. I further understand my child or family members may be exposed to Covid 19 while participating in an activity and agree to assume all risk and agree to, hold the owners and Allstar Athletics, any agent, employee, or any representative of Allstar Athletics harmless. I agree to notify the gym if anyone in my family has been diagnosed with Covid 19.

LIABILITY RELEASE INFORMATION, ASSUMPTION OF RISK, COMMITMENT, AND MEDIA RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my athlete, whose name is listed on this registration, and hereinafter shall be referred to as "participant", to participate in practices, competitions and any and all other activities offered by Allstar Athletics. In order that participant may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Allstar Athletics staff to obtain medical treatment for the participant for such injury or illness, and I hereby hold the owners and Allstar Athletics, any agent, employee, or any representative of Allstar Athletics harmless in the exercise of this authority. I further acknowledge, understand and agree that in participating in these practices, classes, competitions and any and all other activities offered by Allstar Athletics there is possibility of physical injury (minimal, serious or catastrophic) or illness, **including contracting Covid-19**, and that participant is assuming the risk of such injury or illness by participating. I further acknowledge and understand that my participant is assuming the risk of such physical injury or illness. Therefore in consideration of participating in practices, competitions and any and all other activities offered at Allstar Athletics, I, my heirs and assigns, spouse, athlete, next of kin, and all others acting on my behalf, agree to indemnify and hold harmless the owners, Allstar Athletics, any agent, employee, or any representative of Allstar Athletics, from any and all liability, loss, damage, or claims arising from injury or illness incurred by participant during the course of participating in practices, competitions and any and all other activities offered by Allstar Athletics. Including reasonable attorney's fees resulting from claims, cause of action, demands and costs of judgment.

I also give permission to Allstar Athletics and its designees to photograph, videotape and/or audio tape the participant during any Allstar Athletics activity. I further give permission for such photographs, videotapes and/or audiotapes to be used in print or broadcast media as deemed appropriate for the promotion of any Allstar Athletics activities.

Parent/Guardian Signature

Date

Athlete's Signature

Date