



Stars Shopping Daze

Nov 19th-21st

CHILD'S NAME _____ AGE _____ DOB _____ M/F

CHILD'S NAME _____ AGE _____ DOB _____ M/F

CHILD'S NAME _____ AGE _____ DOB _____ M/F

ADDRESS _____ CITY _____ ZIP _____

PARENT'S NAME _____ PHONE _____

EMAIL _____

Enrollment: Please Circle Choices

Program:

5:30PM

Days Attending:

Full Day

of Days:

Monday

Half Day

Tuesday

AM: 7:30am-12:30pm

Wednesday

PM: 12:30pm-5:30pm

* LATE PICK UP FEE AFTER

Pricing:

Full Day

Half Day

Camp Registration

3 Days- \$190

3 Days- \$140

1st Child- \$25

2 Days- \$140

2 Days- \$120

Each Sibling- \$15

1 Day- \$70

1 Day- \$60

10% Sibling Discount

\$50 Deposit Required

Non-Refundable

Office Use:

\$ _____ Registration \$ _____ Camp Fee \$ _____ Total Fees

Payment Method:

Cash, CC, CK _____

PLEASE COMPLETE AND PRINT LEGIBLY

MOTHER'S EMPLOYER _____ PHONE _____

FATHER'S EMPLOYER _____ PHONE _____

PERSONS AUTHORIZED TO PICK-UP _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATION _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY HOSPITAL PREFERENCE _____

MEDICAL CONDITIONS _____ ALLERGIES _____

SPECIAL INSTRUCTIONS _____

I hereby authorize the staff of Stars Gymnastics to act for me according to their best judgment in any emergency requiring medical attention & hereby waive & release the staff and Stars Gymnastics from any and all liability for any injuries and illness incurred while at the activity. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. I further agree to indemnify and hold harmless Stars Gymnastics Training Center-Houston, LLC., and any and all entities and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Stars Gymnastics Training Center-Houston, LLC., activities or any activities incidental thereto, whenever, wherever, or however the same may occur. The facility is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the participant's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named child's participation in the program. I also understand that Stars Gymnastics retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

SIGNATURE _____ DATE _____