

Starlitz Xpress Cheer REGISTRATION FORM

Student's Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____

Billing E-mail Address: _____

Mother: _____ Cell: _____ Work: _____

Father: _____ Cell: _____ Work: _____

Emergency Contact Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical Conditions / Allergies: _____

MEDICAL RELEASE AND POLICTY/TUITION AGREEMENT

I/We, the parents of, hereby permit the named student to participate in tumbling, cheerleading, or other physical activities while a student is at Starlitz Xpress Cheer by granting permission for said student to participate in programs at Starlitz Xpress Cheer.

I/We assume full responsibility for said student's personal safety and release Starlitz Xpress Cheer, its supervisors and employees from any and all liabilities that may arise due to any injury to said student by reason of said student's participation in any activity at Starlitz Xpress cheer or in which Starlitz Xpress Cheer is participating elsewhere.

I/We understand that there is personal risk involved in any activity that involves motion, height rotation and that these activities can result in serious injury, disability or death.

I/We declare that this student has been seen by a registered physician and has been cleared to participate in physical activity such as gymnastics, tumbling or cheerleading.

I/We have read this medical release/waiver and fully understand and execute its contents as stated.

I/We understand tuition payments are due on the 1st of the month. All tuition payments received after the 3rd of the month will have a \$30 late fee assessed. This fee will apply to everyone.

I/We understand I am required to keep a current credit card on file with Starlitz Xpress Cheer and that I am required to complete a credit card authorization form. All charges at Starlitz Xpress Cheer are billed on or about the 1st day of each month. Any accounts with a balance due after the 3rd day of the month will automatically be charged to the credit card on file.

I have read, understand and execute this medical release and policy/tuition agreement.

Parent's signature

Date

Witness

Cheerleader's signature

Date

Witness