

STARS GYMNASTICS TRAINING CENTER

713-464-1996

Reg: _____
 Tuition: _____
 Fam. Disc: _____

CLASS _____

Date: _____

<i>Please Print</i>	
STUDENT'S NAME:	BIRTHDATE:
STUDENT'S NAME:	BIRTHDATE:
STUDENT'S NAME:	BIRTHDATE:
ADDRESS:	CITY: ZIP:
HOME PHONE #:	CELL#
MOTHER'S NAME:	TDL#:
OCCUPATION:	EMAIL:
PLACE OF WORK:	WORK PHONE:
FATHER'S NAME:	TDL#:
OCCUPATION:	CELL#:
PLACE OF WORK:	WORK PHONE:
EMERGENCY CONTACT	PHONE:
GUARANTEED FORM OF PAYMENT VISA MC DISCOVER CARD # EXP.	PAYMENT PLAN AUTO CHARGE Y N YEARLY 6 MONTH QUARTERLY MONTHLY
Does your child have any behavior or medical problems that we should know of? Yes No	
If yes, please explain: _____	
Allergies, illnesses or other comments: _____	
What medication can be given? Aspirin Non-Aspirin None Other _____	
<p>Person Financially Responsible:</p> <ol style="list-style-type: none"> 1. I understand that tuition is due before the 1st class of the month. A \$5 discount may be taken if paid before the 1st week of class. 2. I understand that registration and tuition are non-refundable. 3. I understand that a \$10 late fee will be charged to my account if paid after the 1st week of the month. 4. I understand that a "30 Day Drop Notice" is required to drop from a class. I also understand that the notice must be received before the 1st class of the month prior to the month dropping. I understand that I am responsible for tuition for the month the notice was not given. Notices received after the 1st class of the month will be processed and take effect the following month. 5. I understand that tuition will only be pro-rated the month of registration, if necessary. No other months will be pro-rated. 6. I understand that I am responsible for all medical expenses for my child(ren) which may occur from their participation at Stars. I understand that participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it risk of injury. I am voluntarily registering my child to participate in this activity with knowledge of the risks involved and agree to accept any and all inherent risks of property damage, personal injury or death. 7. I understand and authorize that all unpaid tuition or other charges personally charged to my account will be charged to the credit card above on or after the 15th of each month. I understand these charges will include a \$10 Late Fee. 8. I understand that if I do not provide a credit card for my guaranteed form of payment I will be required to pay a deposit equal to one month's tuition. 	
Print Name _____	
Signature: _____	Date: _____

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: STARS GYMNASTICS TRAINING CENTER-HOUSTON, LLC., AND ANY AND ALL OF ITS ENTITIES IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, COMPETING, PARTICIPATING IN SPECIAL EVENTS, BIRTHDAY PARTIES, OR IN ANY OTHER WAY INVOLVED IN THE PROGRAM WHETHER THAT BE WATCHING OR PARTICIPATING IN GYMNASTICS, CHEERLEADING, CLASSES OR TEAMS AT STARS GYMNASTICS TRAINING CENTER-HOUSTON, LLC., FOR ANY REASON WHATSOEVER INCLUDING NEGLIGENCE ON THE PART OF STARS GYMNASTICS TRAINING CENTER, LLC., OWNER'S OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue Stars Gymnastics Training Center-Houston, LLC., Board of Directors and officers, the Stars Gymnastics Training Center Booster Club, and any of their employees, teachers, coaches, agents, from any and all present and future claims resulting from negligence on the part of Stars Gymnastics Training Center-Houston, LLC., or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from negligence both present and future, that may be made by me, my family, estate, heirs or assigns.

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and the mats, pits, and other safety equipment and apparatus provided or my protection including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of their participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I understand that if I should ever believe the activity is not safe or is no longer safe, then it will be my responsibility immediately to discontinue participation in the activity.

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.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Texas and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Texas.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the negligence of Stars Gymnastics Training Center-Houston, LLC., or any person listed above.

I have read the policies and procedures for parents, spectators, and participants in the Parent Handbook and agree to abide by all rules and conditions set forth therein and to accept the judgement of the program officials in this regard.

PUBLICITY

The member consents to the use, by Stars Gymnastics Program, or anyone it authorizes of any and all photographs, tapes, or other representation, and any reproductions thereof for the purpose of promotion (including sale, publication, display and exhibition) without the compensation. Member also agrees that such materials and negatives shall constitute Stars Gymnastics and Cheer property, with full right of distribution.

Print Name

Signature of Parent or Guardian

Date

Child's Name: _____

Address: _____

City, Zip Code: _____

Phone #: _____