

ALL-STAR REVOLUTION, LLC. REGISTRATION FORM

Athlete's Name: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Parent: _____ Work: _____ Cell: _____

Parent: _____ Work: _____ Cell: _____

Parent: _____ Work: _____ Cell: _____

Primary Email (parent portal username):

Emergency Contact: _____ Phone: _____

Any Known Allergies/Medical Conditions:

Medical Release and Policy Acknowledgment

I, the parent or legal guardian of the above named student hereafter referred to as "athlete", do hereby permit the "athlete" to participate in gymnastics, tumbling, cheerleading or any other physical activities while an "athlete" at All-Star Revolution, LLC hereafter referred to as "ASR". By granting permission for "athlete" to participate in programs at "ASR", I assume full responsibility for "athlete's" personal safety and release "ASR", its supervisors and employees from any and all liabilities that may arise due to any injury including death to "athlete" by reason of "athlete's" participation in any activity at "ASR" or in which "ASR" is participating elsewhere. This includes any injuries that occur while an "ASR" employee is spotting or stretching an athlete. I understand there is personal risk in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability or death.

I authorize "ASR" to use photographs, video, and/or other likenesses of my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto.

I understand a valid credit card authorization form is required to be on file at all times and that all balances due on my account will be charged to my credit card on file on the 6th day of each month. If I do not want my credit card to be charged I must pay my account in full before the 5th day of the month using cash or check. Any balance remaining on my account not paid by the 6th day of the month will automatically be flagged for no athlete participation. I understand "ASR" does not refund tuition or any other fees for ANY REASON. I understand that "athlete" is not allowed to take private lessons or participate in any class/team if there is any balance on "athlete's" account and "athlete" is subject to removal from "ASR" for any unpaid fees.

"ASR" will be following the CDC and local health department guidelines to help reduce the spread of COVID-19. By signing this waiver I am agreeing that any member of my family over the age of 3, will have some sort of face covering. By signing this waiver I also understand that I am entering the "ASR" facility at my own risk, releasing "ASR" from any liability related to COVID-19.

I have read and understand ALL pages of the All-Star Revolution Packet(s) and agree to abide by the contents. I have kept a copy of the packet(s) for my records and understand that it is my responsibility to keep up with any additions or changes that are made to the policies each season.

I have read, understand and execute this release form and policy acknowledgement hereafter.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CREDIT CARD AUTHORIZATION

All monthly balances will be automatically charged to your credit card on file on the 6th day of each month. If you do not want your credit card to be charged you must pay your account in full before the 6th day of the month using cash, check or through the parent portal on www.All-StarRevolution.com. All accounts must have a current credit card authorization form on file. It is your responsibility to fill out a new CC authorization form for lost/stolen cards or if your card expires, billing address changes, etc. All applicable fees will be charged if the card on file is declined for ANY REASON. If your account remains unpaid past the 6th day of the month for any reason your child will be held out of practice and may be removed from the program.

Name as it appears on card: _____

Type of card: _____ Card Number: _____

Security Code: _____ Expiration Date: _____

Billing Address:

I authorize ALL-STAR REVOLUTION, LLC. to charge my card on or after the 6th day of each month for all charges due or past due on my account. If my card is declined for any reason, I will take care of my balance due immediately. **I understand if the credit card provided above is cancelled for any reason I am responsible for immediately providing ALL-STAR REVOLUTION with new credit card information and paying any late fees.**

Cardholder Signature: _____ Date: _____

All-Star Revolution accepts Master Card, Visa, American Express and Discover.