



All Stars Gymnastics Registration Form TERM: _____
Mail to: All Stars Gymnastics Academy,
430 Hayden Station Rd, Windsor, CT 06095
 (Please call us 860-683-2286 if you have any questions)

Parent's Names:			
Address:			
City, State, Zip:			
Phone:		E-mail Address:	
How did you hear about us?			
Child 1 Name:		Male Female	
Age:		Date of Birth:	
1st Choice, Class Day:		Class Time:	
2nd Choice, Class Day:		Class Time:	
Child 2 Name:		Male Female	
Age:		Date of Birth:	
1st choice Class Day:		Class Time:	
2nd choice Class Day:		Class Time:	

Medical Information and Liability Waiver

Physician:		Telephone:	
Emergency Contact:		Telephone:	
Insurance:			
Medical limitations:			
Allergies/ Medications:			
Illness/Injuries:			

Safety Waiver: I hereby certify that the person/s enrolled in this program is/are willingly able to participate in this program without any restrictions. It is our policy at All Stars Gymnastics Academy, LLC that you use and provide your own insurance at all times. I understand gymnastics and all programs here, involve flight, rotation, and motion (forward and backward), therefore presenting an evidence of risk of serious injury or even death. It is furthermore understood that All Stars Gymnastics Academy, LLC will not be responsible or liable for injuries, loss of personal property and accidents that may occur during your stay here. I will allow my child/ren photo to be included in advertising, bulletin boards, brochures and newsletters. I recognize by signing this waiver, I will abide by and agree on all rules, procedures and polices of All Stars Gymnastics Academy, LLC .

Parent/Guardian Signature X: _____ Date: _____

Method of Payment	Type of Credit Card	Credit Card Info
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash (no cash by mail) <input type="checkbox"/> Credit Card	We Accept Visa, Master Card and Discover.	Card #: _____ Exp Date: _____ Name of Card Holder: _____ _____

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Office use only

Date PD:		Reg Fee:		Amt Paid:		Pmt Type:	
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