



2019 Registration Form

STUDENT INFORMATION

Student Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Allergies or Medical Conditions: _____

PARENT/GUARDIAN INFORMATION

Mom/Guardian Name: _____ Phone #: _____

Dad/Guardian Name: _____ Phone #: _____

Primary Email Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Child: _____ Phone #: _____

ENROLLMENT INFORMATION

Class: _____ Day: _____ Time: _____

WAIVER:

If any, attached hereto or on the reverse side hereof, are made a part of this Agreement by reference and are described as follows.

The participant shall defend, indemnify, and hold Shooting Starz, its officers, employees, and agents harmless from and against any and all liability, loss, expense, including reasonable attorney's fees, or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorney's fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Shooting Starz, its officers, agents or employees.

The participant understands that injuries as a result of gymnastics and other activities are the full responsibility of the participant and are not covered in any way by Shooting Starz.

In signing this Agreement, the participant accepts all responsibility for damage, harm, or injury that may occur to the participant or one invited onto the premises by the participant and that Shooting Starz shall have no liability for such harm, damage, or injury.

Signature: _____

Date: _____

I hereby grant Shooting Starz Gymnastics permission to use my, *child's name/children's name*, likeness in any photograph, video, or other digital media photo in any and all of its publications, including web-based publications.

Signature: _____

Date: _____