



## 2026 Registration Form

### **STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Mom/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dad/Guardian Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **ENROLLMENT INFORMATION**

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

### **General Liability Waiver**

As the legal guardian of my designated student(s), I hereby consent to all student(s) participating Shooting Starz Gymnastics, LLC program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheer leading, tumble tramp, trampoline, stunting, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

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 Gymnastics LLC.

In signing this Agreement, the participant/legal guardian 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.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby grant Shooting Starz Gymnastics, LLC permission to use my designated student(s) likeness in any photograph, video, or other digital media photo in any and all of its publications, including web-based publications.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_