



CLASS REGISTRATION FORM

Complete this form (FRONT AND BACK) and return with payment.

Participant's Name: _____ Age: _____ Date of Birth: _____

Parent(s)/Guardian Name(s): _____

Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

DECEMBER CLASS SCHEDULE

MONDAY

- 5:15-6:00 PM – Stretch & FLEXibility (Ann Marie)
- 6:00-7:00 PM – Handspring Tumbling (Ann Marie)
- 6:00-7:00 PM – Level 3/4/5 Tumbling (Kirk)

TUESDAY

- 5:30-6:30 PM – Handspring Tumbling (Pierre)

WEDNESDAY

- 5:00-6:00 PM – All-Levels Tumbling (Pierre)
- 5:00-6:00 PM – Youth Flight School (Sean/Savanna)
- 6:00-7:00 PM – Senior Flight School (Sean/Adam)
- 7:00-8:00 PM – Handspring Tumbling (Pierre)

THURSDAY

- 5:00-5:45 PM – Tiny Tumbling (Ann Marie)
- 5:00-5:45 PM – Stretch & FLEXibility (Becca)
- 5:00-6:00 PM – Level 3/4/5 Tumbling (Ryan)

SATURDAY

- 10:00-11:00 AM – All-Levels Tumbling (Kirk)
- 11:00-12:00 PM – Open Gym (Kirk) – \$10/person & \$5/team member

CLASS POLICIES:

- All fees are NON-REFUNDABLE and due at time of registration.
- ALL classes are a monthly commitment, and you MUST pre-register for every class.
- There are NO DROP-IN classes offered.
- There are NO make-up classes.
- We accept late registrations for the 2nd, 3rd, or 4th class at the rate of \$20 per class.

CLASS PRICES	4 CLASS PASS	10 CLASS PASS	TOTAL AMOUNT DUE
	\$75	\$175	
REGISTERED FUSION ATHLETE RATE	\$50	\$100	

PAYMENT OPTIONS: *cash* _____ *check* _____ (# _____) *credit* _____ (Visa/MC/Discover)

Card #: _____ Expiration Date: _____ CVC #: _____ (from back)

Signature of Cardholder: _____ Date: _____

Name of Cardholder: _____

Address of Cardholder : _____

City, State, Zip Code: _____



PARTICIPANT WAIVER

All participants are REQUIRED to have this form completed by their parents/guardian.

PLEASE READ CAREFULLY AND SIGN BELOW

In consideration of participating in **ASF TUMBLING CLASSES**, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event activities are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of the others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue ALL STAR FUSION LLC, its respective administrators, directors, agents, officers, coaches, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and futures agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agrees that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Permission is granted to use my daughter's/son's picture in future advertisements, literature, and web page graphics for All Star Fusion Gym and Boosters and events sponsored and conducted by them.

Participant Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed name: _____