



**VALLEY ALL-STARS**

**GOLD**



**REGISTRATION FORM**

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** Texas **Zip Code:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Mother Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Father Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

***In Case of Emergency:***

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**List any illness, injuries, medications and allergies**

\_\_\_\_\_

**WAIVER OF LIABILITY**

I/we the Parent(s) or Legal Guardian(s) for the above named "Participant" agree to hold Valley All-Stars Gold harmless and forever indemnify it, its employees and volunteers from any liability based on injuries and/or illness which my child may sustain while on the premises of Valley All-Stars Gold. I give full permission for my child to attend and participate in the Valley All-Stars Gold program and any other activities authorized by it.

\_\_\_\_\_  
**Parent / Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**OFFICE ONLY**

**Initial Class Date:** \_\_\_\_\_

**Registration Annual Fee: \$30.00**    **Paid:** \_\_\_\_\_    **Form of Payment:** \_\_\_\_\_

**Monthly Tuition:** \_\_\_\_\_    **Start Date:** \_\_\_\_\_    **M T W TH SA**



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**MEDICAL RELEASE FORM**

In case of an emergency, I understand that a reasonable effort will be made to contact me. If I can not be reached, I hereby give an agent of Valley All-Stars Gold the permission to act on my behalf to seek emergency medical treatment, including, 911 EMS, for my Child \_\_\_\_\_ at the parents expense, in the event that such treatment is deemed for him/her. I give permission to any licensed physician selected by an agent of Valley All-Stars Gold to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances and hereby absolve Valley All-Stars Gold, their Staff and Volunteers from any and all liability resulting from their conformance with the instructions.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**RELEASE FORM**

I, \_\_\_\_\_ understand that with any sport involving motion, my child is at risk of serious injury, paralysis, and even death. I hereby agree to indemnify and hold harmless Valley All-Stars Gold, their Staff and Volunteers from any liability with my child \_\_\_\_\_. For personal injury, property damage or wrongful death to the extent that such injuries, damages or death are attributable to or caused (in whole or in part ) by my child’s negligence, misconduct, or violation of normal safety requirements of said activity.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF COMMITMENT**

\_\_\_\_\_ I understand that monthly tuition is due on or before the 15<sup>th</sup> of each month. If payment is not received by the 15<sup>th</sup>, a \$10 late charge will be applied to the students account and a \$10 late charge for every week after until the account is current. If the account is not current by the end of the month, the student will not be allowed to participate until the account is brought to current.

\_\_\_\_\_ I understand that a \$25 fee will be assessed for any payment that is returned due to “insufficient funds”

\_\_\_\_\_ I understand that Valley All-Stars Gold does NOT refund tuition for any reason.

\_\_\_\_\_ I understand that no makeup classes will be offered to those students missing scheduled classes. \* Unless authorized by Management.

\_\_\_\_\_ I hereby acknowledge and give permission to Valley All-Stars Gold and /or its designee to use any pictures taken at Valley All-Stars Gold Exhibitions, and/or Competitions for their website, advertisement and/or media releases.