



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocallstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocallstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocallstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocallstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocallstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocalstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocalstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocallstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocalstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocallstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____



22321 Gilberto
 Rancho Santa Margarita, CA 92688
 (949) 766-TEAM (8326)
 www.ocalstars.com

| FOR OFFICE USE ONLY | | |
|----------------------------|--------------------------|------------|
| Class | Day/Time | Fee |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Reg. Fee: | | \$ _____ |
| Total Owed | | \$ _____ |
| Date _____ | Pmt. Method _____ | |

CLASS REGISTRATION FORM

Student's Name: _____ Age: _____

Birthday: _____ Current Grade: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Mothers E-Mail Address: _____ Occupation: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone # _____ Work # _____ Cell # _____

Father's E-Mail Address: _____ Occupation: _____

Emergency Contact and Phone # _____

If mother and father's addresses are different, where does the student reside? _____

Referred by: Friend Yellow Pages Newspaper Flyer Other: _____

Release of Liability. Please read and sign the following:

I/we the parents/guardians of _____ do hereby permit the above named student to participate in cheerleading, gymnastics, tumbling, dance, or other physical activities while a student at OC All-Stars Cheer & Dance. By granting permission of said student to participate in this program, I/we hereby assume full responsibility for said student's personal safety and release OC All-Stars Cheer & Dance, its supervisors, and instructors, whether paid or volunteer, from any and all liabilities that may occur from any injury, including death to said student that may arise by said student's participation in this program. I/we understand that there is personal risk involved in any activity that involves motion or height and that these activities can result in serious injury, disability or death. I/we assume all responsibility and waive any claim for compensation for accidental injury, disability or death while at OC All-Stars Cheer & Dance. and hereby agree to hold harmless OC All-Stars Cheer & Dance, its agents, employees, or servants whether paid or volunteer, against any and all claims which may arise while participating at OC All-Stars Cheer & Dance. I/we have received and read the OC All-Stars Cheer & Dance rules and regulations and agree that my child will follow all rules pertaining to the gym/studio and the classes and instructors. I/we give permission for my child to be photographed (including still, video and sound) as a participant in OC All-Stars activities and consent to the reproduction, use, and distribution thereof for any educational purpose and for promotional, advertising and trade for OC All-Stars programs.

I do hereby allow _____ to fully participate in this program.

Parent/Guardian Signature _____ Date _____

Print Parent Name _____

Physicians Name _____ Phone _____

Physicians Address _____ City _____

Insurance Co. _____ Policy # _____ Group # _____

Insurance Co. Phone # _____