



PLEASE PRINT CLEARLY!!!

Registration & Emergency Medical Information

Gym Preference (Circle one): Ashburn // Manassas

Athlete Information

Birthdate: _____ Male _____ Female _____

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ E-Mail Address: _____

Parent Information

Mother's Name: _____ E-Mail Address: _____

Home Address (if different then above): _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

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

Home Address (if different then above): _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Emergency Contact (other than a parent/guardian, if not able to reach them first)

Contact Name: _____ Relationship to participant: _____

Home #: _____ Cell #: _____ Work #: _____

Physician Information

Name of Participants Physician: _____ Dr. Office #: _____

Name of Insurance Company: _____ Name of Subscriber: _____

Subscriber's Relationship to Participant: _____ Policy #: _____

Medical History:

General Allergies/Allergies to Medications: _____

Pertinent Medical Information (i.e. diabetic, asthmatic, etc...): _____

Medication Release: I allow my child to be given the following medication(s), if necessary, while at the gym: Tylenol - Advil - Ibuprofen

In the event of injury or illness arising during participation of my child/ward in any ALL STAR LEGACY activities, I, the undersigned parent/guardian, do hereby give permission for my child/ward to receive the emergency medical treatment deemed necessary by the designated family physician or by another qualified, licensed physician who is available (doctor, dentist, emergency medical person). I acknowledge, understand and agree that this authorization is to be used only in emergency situations when I cannot be contacted or when I am able to be contacted but cannot be present. I hereby hold ALL STAR LEGACY and its employees harmless in the exercise of this authority.

I, the undersigned parent/guardian, do hereby give my consent to my child's/ward's participation in all all-star activities. I understand that participation in tumbling, dance & cheerleading activities involves the risk of injury. I assume all risks & hazards incidental to such participation including transportation to & from activities & I do hereby waive, release, absolve, indemnify & hold harmless ALL STAR LEGACY & its employees for any claim arising out of injury to the applicant whether the result of negligence or for any other cause.

Parent/Guardian Signature/Self (if 18 or older): _____ Date: _____

How did you hear about All Star Legacy? Flyer - Internet - Friend/Referral: _____ Other: _____