

FIVE STAR GYMNASTICS, INC. MEMBERSHIP FORM

Mother's Name _____ Cell Phone # _____
Father's Name _____ Cell Phone # _____
Home Phone # _____ Work # _____
Email Address: _____

Student Name _____	Gender _____	DOB _____
Class _____		

2nd Student Name _____	Gender _____	DOB _____
Class _____		

Address _____

City, State & Zip _____

Emergency Contact Name _____ Phone # _____

Relationship _____

How did you hear about Five Star? _____

As a parent/guardian of the applicant(s), I hereby give permission for my child/children to participate in the Five Star Gymnastics Program and agree to comply with all program regulations, and hereby release the gymsite staff, management and Five Star Gymnastics, Inc. from any liability for injuries incurred while involved in this program.

I agree to accept the risk associated with my child/children participation in gymnastics activities. I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child/children, should sickness or accident occur in my absence.

I agree that photographs of my child/children may be used in promotional materials (print or website), unless I initial this form stating otherwise. Do not use my child/children in promotional materials _____

I understand that payments are non-refundable(credit only) and any credit not used within in one year of issuance will be forfeit.

Signature of Parent/Legal Guardian _____ Date _____

Five Star Gymnastics and Cheerleading **1405 Jamike Ave. # 11, Erlanger, Ky 41018**
859-647-0660