

FLIGHT ACADEMY ALLSTARS

Registration Form

Student Name _____ D.O.B. ___ / ___ / ___ Grade _____

School _____ E-Mail Address _____

Home Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Contact #'s _____

Insurance Co. _____

Policy # _____ Group # _____

Family Physician _____ Phone _____

PAYMENT INFORMATION

The Yearly Registration Fee of \$35 and the first month's tuition must be paid before each student will be allowed to participate in any class or team activity. Classes are priced on a monthly basis, and payment for each class is due on the first of each month in order for your child to participate. Returned checks will be charged a service fee. There will be no refunds or prorating for missed classes unless child is prevented from participating due to injury that has been documented by a physician in writing. Makeup Classes will be available.

MEDIA RELEASE

I hereby give my consent to publish all photographs, audio and/or video recordings taken of my minor child or myself by Flight staff or any designee thereof. I understand that any such media becomes the property of Flight Academy Allstars and may be used by the gym for educational, instructional, or promotional purposes determined by the administration in broadcast and media formats now existing or created in the future.

Parent Signature _____ Date _____

Office Use Only: Registered By _____

Amount Paid _____

Registration Fee(\$35) _____

How Pd _____

1st month's tuition _____

Medical & Liability form _____

Class Approved _____

Policies & Rules _____

Liability Release Form _____

Allstar Team & Competition Rules _____