



**Student Registration Form**  
**8743 E Pecos Rd #119 Mesa, Az 85212**  
**480-987-5400 www.azfusioncheer.com**

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Major Crossroads: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Allergies to medication/food or Medical Conditions \_\_\_\_\_

Credit Card Set-up for Automatic Payment

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I authorize Arizona Fusion Cheer to charge my card for tuition on the 1st of each month

\_\_\_\_\_ I understand that the Arizona All-Stars Fusion Cheer, LLC does not require me/my child to participate in this activity, but I want to so, despite the possible dangers and risks and despite this release. I understand that participation in any or all activities at Arizona All-Stars Fusion Cheer, LLC is voluntary. I hereby, Voluntarily assume risks for accidents and or injuries that occur as part of normal activity. Arizona All-Stars Fusion Cheer, LLC its governing board, its agents and employees DO NOT assume any liability associated with Arizona All-Stars Fusion activities. I recognize that this release means I am giving up among other things rights to sue The Arizona All-Stars Fusion Cheer, LLC, its governing board, employees and agents for injuries, damages or losses I may incur. I also understand that this release binds my heirs, executors, administrators, and assigns, as well as myself.

\_\_\_\_\_ I hereby give permission to and authorize any medical professionals and others working under their supervision to treat me/my child for any injury or illness arising from or related to Arizona All-Stars Fusion activities. In addition, I understand that in an emergency situation, effort will be made by the staff to locate me before action is taken. I further do accept to pay any and all such medical expenses and other charges arising out of any such medical treatment.

\_\_\_\_\_ I hereby grant permission for photographs of my child to be taken during Arizona All-Stars Fusion practices or events. These photographs may be used by the Arizona All-Stars Fusion for publicity purposes including brochures, advertisements web-based publications and or news releases at the discretion of Arizona All-Stars Fusion Cheer. I do grant permission to use photos of my son/daughter for the purpose of advertising and promoting with Arizona All-Stars Fusion. I also agree to receiving information on upcoming Arizona All-Stars Fusion events to the above email address.

\_\_\_\_\_ I understand that payments are due the 1<sup>st</sup> of the month.. I understand if I have an outstanding balance, I grant Arizona All-Stars Fusion Cheer, LLC permission to charge the card on file that I have provided on this liability form. There will be a \$30 fee for returned checks and I do understand that my son/daughter may not be able to participate if my balance is not paid in full.

\_\_\_\_\_ I understand Arizona All-Stars Fusion Cheer, LLC offers make-up classes for tumbling classes that my son/daughter has missed. I acknowledge that these classes must be completed within the current session that I have paid for.

\_\_\_\_\_ I understand that Arizona All-Stars Fusion Cheer, LLC has a no refund policy. In the event that my son/daughter is not able to participate in the session I have paid for, I acknowledge the amount paid will not be refunded. Customer must give 30 day notice for automatic payments to be cancelled. If Arizona All-Stars Fusion Cheer charges the customer's card prior to being notified or customers' notification does not fall within 30 days, Arizona All-Stars Fusion Cheer will NOT offer a refund.

I HAVE READ AND FULLY UNDERSTAND THE ARIZONA ALL-STARS FUSION CHEER, LLC RULES, RESPONSIBILITES AND PROCEDURES.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_