



STUDENT REGISTRATION FORM

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

STUDENT INFORMATION

1st Student Name: _____ Age: _____ Birthdate: ____/____/____

2nd Student Name: _____ Age: _____ Birthdate: ____/____/____

3rd Student Name: _____ Age: _____ Birthdate: ____/____/____

4th Student Name: _____ Age: _____ Birthdate: ____/____/____

Special Medical Conditions/Allergies/Restrictions: _____

PARENT/GUARDIAN/BILLING CONTACT

Parent/Guardian Names: _____

Address: _____ City: _____ Zip: _____

Mom Contact #: _____ Dad's Contact #: _____

E-Mail: _____

Arizona All-Stars Fusion Cheer, LLC has made me aware of the following policies:

1. Cheer & Preschool is due on the 1st of each month. Tumbling & Diva Tuition is due on the 15th of each month
2. On the 1st of each month all unpaid tuition accounts will be withdrawn and space will be open for new enrollments.
3. Auto-Pay will run on the 1st (Cheer/Preschool) of every month and 15th (Tumbling & Diva). To withdraw from auto-pay, you must give written notice before the 15th of the month.
4. Make-ups are allowed for students that are ENROLLED and are good for 30 days.
5. I am aware that Refunds or Credits for a missed classes, or withdrawing prior to the conclusion of a session, is not allowed for any reason and will not result in a refund.

I have read, understand and agree to the policies stated above.

Signature: _____ Date: ____/____/____

As legal guardian of my designated student(s) (student(s), I hereby consent to all student(s) participating in Arizona All-Stars Fusion Cheer program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby covenant not to sue and forever release this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities. By entering this facility, you are aware that you agree to fully accept all known and unknown risks, including the potential risk of exposure to respiratory illnesses such as the coronavirus (COVID-19). The coronavirus is primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing. These droplets can travel up to six feet and are more commonly transmitted between persons rather than from equipment to persons.

MEDIA WAIVER: I also understand and give permission for photographs and videos of names persons and/or participants being used in print, social or broadcast media as deemed appropriate for the promotion of Arizona All-Stars Fusion Cheer & Tumble, LLC.

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

Parent/Guardian Printed Name

Parent/Guardian Signature



AUTO-PAY CREDIT CARD FORM

Student Name: _____

Name on Card: _____

Billing Address of Card: _____

Card Type: _____ Card Number: _____

Card Expiration Date: _____ Card Security Code: _____

****For your safety this form will be SHREDDERED after information has been entered into our secure database computer system.**