



# ELITE STARS Athletics FALL Registration Form

Gymnastics _____	Cheer _____
Figure Skating _____	Dance _____
Strength & Power _____	Other _____

### ATHLETE INFORMATION:

Athlete's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work/Cell ( ) \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Ed Classification/Medical Diagnosis: \_\_\_\_\_ Email: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

### EMERGENCY INFORMATION:

Mother: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MEDICAL/BEHAVIOR INFORMATION:

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Behavior notes (if any): \_\_\_\_\_

Assistance required (please state specifics): \_\_\_\_\_

**APPEARANCE RELEASE:** I hereby consent and agree that my child's name, face, image, and likeness, as shown in photographs, videos, and electronic media, may be taken and may be used in any form by ELITE STARS for lawful promotional and advertising purposes, free and clear of any claim on my part.

### CONSENT & INSURANCE & WAIVER & INDEMNITY & EMERGENCY & PAYMENT

As Parent/Guardian of the above-identified athlete, or as the athlete myself, I hereby consent to the athlete's participation in the ELITE STARS program. I am fully aware of the risks and hazards associated with the sports chosen, including the risk that the athlete may suffer catastrophic injury, paralysis, or even death, and I voluntarily assume all such risks. I confirm that the athlete is covered by proper Health, Medical, and/or Accident insurance, which I consider adequate for both the athlete's protection and my own protection. In consideration of the athlete being allowed to participate in the ELITE STARS program(s), I, intending to be legally bound, on behalf of myself, the athlete, the athlete's other parent(s)/guardian(s), and our successors and assigns (collectively "my family"), hereby waive and release any and all right and/or claim for damages which my family may have against ELITE STARS program(s) and facilities (Gymkhana, Hoffman Estates Park District, East Complex, Gigi's Playhouse and additional sites as used by the program) or its officers, directors, employees, volunteers, and agents, for any and all losses, injuries, and/or damages that may be sustained and/or suffered by my family in connection with our association with the ELITE STARS program. I further agree, on behalf of my family, to defend, indemnify, and hold ELITE STARS harmless from and against all claims, liabilities, costs, and expenses (including attorney's fees) for such losses, injuries, and/or damages. I hereby give my permission for Emergency Medical Treatment of the athlete by a qualified and licensed Medical Doctor if, after a reasonable effort has been made, I cannot first be contacted. I agree to comply with the ELITE STARS Payment Policy and the other policies and procedures as endorsed by the ELITE STARS. Inappropriate language, physical contact and all other inappropriate behaviors will cause for removal from the program.

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

Parent/Guardian Name (please print): \_\_\_\_\_

**Second fee is for athletes that are on the STARS Fall gymnastics team**

**Revised 8.26.21**

### Cheer Preseason Conditioning Training

Saturday Cheer \$100 10:30-11:30a/GK \_\_\_\_\_ Skating Sunday-ICE Team \$180 6:50-8:00a/HEPD \_\_\_\_\_

### Gymnastics/Saturday Gymkhana-GK

Saturday Team \$240 9:00-10:30a/GK \_\_\_\_\_

Saturday Pre-Team \$135 9:45-10:30a/GK \_\_\_\_\_

Wednesday (F) Optional Females \$400 7:00-9:00p/GK \_\_\_\_\_

### Strength Training

Monday Strength Training \$180 7:00-8:00/EC \_\_\_\_\_

(Families/friends welcome)

**Competition dates often change -so please check the web site often.**

**Checks made out to: PAT D'AVOLIO**