



ELITE STARS Athletics WINTER Registration Form

Gymnastics _____	Cheer _____
Figure Skating _____	Dance _____
AAA Strength & Power _____	CrossKicks _____

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, Cheer Illinois Athletics, Hoffman Estates Park District, Academy of Athletic Advancement, 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.

Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Revised 12.28.16

Cheerleading

Saturday \$40 GK 10:45a-11:45a _____
(January only)

Elite Dance Team (starts in February)

Saturday \$120 GK 10:30a-12:00p _____

Dance Team (Team of Stars—starts in February)

Wednesday \$90 GK 6:00-7:00p _____

or

Saturday \$80 GK 10:30a-11:30a _____

Gymnastics/Saturday Gymkhana-GK

Competitive Team: \$180 9:00-10:30a/GK _____

PRE TEAM \$120 9:30-10:30a/GK _____

Wednesdays: females \$156 6:00-7:00 p.m. _____

Strength Training

Tuesday \$170 7:00-8:00/AAA _____

Wednesday \$170 7:00-8:00p/AAA _____

Skating

Sunday-ICE \$180 6:50-7:50a/HEPD _____

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

Checks made out to: **Pat D'Avolio**
1331 Colwyn Drive, Schaumburg, IL 60194