



ALL*STARZ MEMBERSHIP APPLICATION



1. **Students Name:** _____

2. **Date of Birth:** ____/____/____ **Age:**____ **Grade:** _____

3. **School currently attending:** _____

4. **Parent/Guardian's Names: Please Print:** _____

5. **Home Address:** _____

6. **Phone # (best way to be reached / 2 #'s if possible):**

7. **Email Address (2 if possible / please print clearly):**

8. **Briefly describe your past training experiences:**

9. **Please tell us exactly what you want to achieve from training at All*Starz:**

10. **Current shirt size: please circle: YS YM YL AS AM AL**

******Your signature indicates that you have read and agreed to the said policies of All*Starz and that the information you have provided is correct. ******

Print Your Name (Parent/Guardian): _____

Signature of Parent/Guardian): _____

Date: ____/____/____

All*Starz Professional Softball & Baseball Instruction, LLC.

Waiver Form

FOR CAMPS, CLINICS, PERSONAL INSTRUCTION, STRENGTH & CONDITIONING

Parent Or Guardian Must Sign:

As parent or legal guardian of the above applicant/participant;
In enrolling at any program of instruction conducted at All*Starz Professional Softball and Baseball Instruction, LLC (hereinafter referred to as "All*Starz") training facility, the participant understands that he/she is utilizing All*Starz training facility, and does so at his/her own risk. All*Starz and its owners, employees or agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and/or his/her family members resulting from the participation in any program(s) of instruction conduct at or on the All*Starz training facility and /or the premises upon which such facilities are located. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, he/she does hereby fully and forever release discharged hold harmless All*Starz, all associated instructors and its owners, employees, and agents from and against any and all claims, demands, damages or rights of action, present or future, resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to strictly abide the rules of conduct and play established by All*Starz. Failure to do so may result in suspension from participation. I, the undersigned parent or guardian of the participant, do hereby represent that the above applicant/participant is qualified, in good health and in proper physical condition to participate in activities organized by All* Starz. I authorize All*Starz to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence, and to request medical treatment as necessary to ensure the well-being of the participant without any legal liability whatsoever, inclusive of any responsibility for any negligent rescue operations.

Printed Name of Parent or Guardian

Date

Parent/Guardian Signature

REVISED 9/2011