



FOUNDED BY JAN STIVERS

DATE: _____

Registration Form Summer 2013

Welcome to Superstars Performing Arts summer session 2013! If you have any questions, please feel free to contact our office at 515-981-4298 or via email at SuperstarsPerformingArts@hotmail.com.

Jay Peterson, Dawn Reed, and Jamie Stringer
Co-Owners/Directors

LAST NAME(OFF STUDENT HOUSEHOLD) _____

Guardian's Name(s) _____

Primary Phone Number _____ Alternate Phone Number _____

Address _____ City _____ Zip _____

E-mail address (All communication is sent via Email) _____

Person(s) Responsible for Payment (if different from above) _____

Evening Phone # _____ E-mail address _____

STUDENT INFORMATION

LAST NAME FIRST NAME M/F Age Birth date Grade (Fall 2013)

LAST NAME FIRST NAME M/F Age Birth date Grade (Fall 2013)

LAST NAME FIRST NAME M/F Age Birth date Grade (Fall 2013)

T-SHIRT(S):

Child XS (2/4) Child S (6/8) Child M (10/12) Child L (14/16) Child XL (18/20)

Adult S Adult M Adult L Adult XL Adult XXL

2013 Release Statement

I fully understand that staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release the staff of JDJ Performing Arts, LLC dba Superstars Performing Arts to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff to seek medical help, including transportation by staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the staff deem this to be necessary.

We, the staff JDJ Performing Arts, LLC dba Superstars Performing Arts, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of twirling, tumbling, trampoline, cheerleading, dance, acrobatics, and/or specialized sports training. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Twirling, Tumbling, Cheerleading, Dance, Acrobatics, and/or Specialized Sports Training can be dangerous and can lead to injury or death. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

Coaches, teachers and other staff members, will not accept responsibility for injuries sustained by any student during the course of Twirling, Tumbling, Trampolining, Acrobatics, Cheerleading, Dance, and/or Specialized Sports Training open workouts, or in the course of any exhibition, competition or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by JDJ Performing Arts, LLC dba Superstars Performing Arts and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of tumbling and injury. Staff will only warn the child through "Safety Messages" and our teaching style and progressions.

I have read the policies, fees and payment plans. I agree to follow the rules as stated in the policies of the JDJ Performing Arts, LLC dba Superstars Performing Arts. If I fail to follow the rules as stated, I know that my child will be dropped from classes. I agree to make the payments required for my child(ren) to participate in the classes he/she/they are registered for and all other fees and merchandise involved. I also agree to pay any late fees outlined in these policies, legal fees, mediation or court costs if the Superstars have to pursue payment of my account.

X _____
Parent or Guardian Signature

Date

EMERGENCY CONTACT INFORMATION

Please provide an additional contact, other than the students parent or guardian, we could contact in case of emergency.

Student Name(s) _____

Name _____ Phone _____ Relationship _____

Hospital Preference _____ Family Physician _____

Please provide any additional medical information we should know in the event of an emergency (i.e.: allergies, medications, etc) below: