



All-American Twirling Academy

Registration Form 2008-2009

Last Name _____ First name _____

Address _____ City _____ State ____ Zip _____

Home Phone (____) ____ - _____

Twirler's Cell Phone (____) ____ - _____

Parent _____

Cell /Work Phone (____) ____ - _____

Parent _____

Cell / Work Phone (____) ____ - _____

Twirler's Birthdate ____/____/____ Their Age as of 9/1/08 _____

Twirler's email _____ Add me to regular email list

Parent's email _____ Add me to regular email list

LIABILITY WAIVER

I agree to indemnify and hold harmless the all-American Twirling Academy and its employees from any loss, liability, damage or costs that may occur due to my child's participation in these activities, including any and all personal injury and bodily injury or loss or damage to person or property that may be sustained by my child while in, on or upon the premises where the school activities are being conducted.

Parent/Guardian Signature

_____/_____/_____
Date

CLASS LOCATION

- Gainesville (Monday)
- Lake City (Tuesday)
- Starke (Tuesday)
- Macclenny (Thursday)
- Private lessons only

SIZES

(Note-this is not an order. You will be asked to order any necessary supplies later. This is just for our reference.)

T-Shirt Size _____

Shoe Size _____

Baton Size _____