



Allstars Twirling Academy

Registration Form 2021-2022

Twirler's Last Name _____ First name _____

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ - _____

Twirler's Cell Phone (____) _____ - _____

Parent _____

Parent Cell /Work Phone (____) _____ - _____

Parent _____

Parent Cell / Work Phone (____) _____ - _____

Twirler's Birthdate ____/____/____

Twirler's Age as of 9/1/2021 _____

Twirler's email _____ Do not add me to regular email list

Parent's email _____ Do not add me to regular email list

Facebook Account - if interested in joining our closed group please list your facebook name.

LIABILITY WAIVER

I agree to indemnify and hold harmless the Allstars 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 (Allstars Twirling Academy) activities are being conducted. Including any and all situations regarding COVID – 19.

Parent/Guardian Signature

_____/_____/_____
Date

CLASS LOCATION

- Gainesville
- Lake Butler
- Starke
- Macclenny
- Clay County