



## REGISTRATION FORM

Complete form and return with payment for Registration Fee,  
1<sup>st</sup> month of Class and Baton

**Registration Fee: \$25**

**1<sup>st</sup> month of Class: \$40**

**Baton: \$30**

**Make Checks Payable to:**

**All American Twirlers**

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Any known allergies or medical problems: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

In Case of Emergency:

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

The student listed above has my permission to participate with All American Twirlers for Baton Twirling classes. The undersigned agrees to hold Christina Balster and All American Twirlers harmless from any claim or injury to the above named youth arising out of or in any way connected with this activity. Christina Balster and All American Twirlers will not be held responsible in case of accident. If, I, the undersigned parent, cannot be contacted I do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions and emergency room physicians. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to said physician(s) to exercise his or her best judgment as to the requirement of such diagnosis or treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail the registration form to:**

**All Am. Twirlers ♦ P.O. Box 460 ♦ Camarillo, CA 93011 ♦ (805) 403-2356**

**aatwirlers@yahoo.com ♦ www.aatwirlers.com**