ACTIV**STARS** INC. REGISTRATION FORM *Please print Legibly & Complete all areas of form

Student's Name ____
Nombre de estudiante First (*Primer Nombre*) Last (*Apellido*)

Date of Birth ______/______/______ Age: ________ Returning Student ____Yes ____No
fecha de nacimiento *Edad*

Karate Rank (Belt Color) ____________________ Current Pom Color: ________________________
Color de cinturon *color de pompomes*

Address ____
Direccion/domicilio

City ______________________________ ST __________ Zip: ____________________
Ciudad *estado* *codigo*

Parent's Name (Please Print): ____
Nombre de padres o tutor

E-mail Address *Correo electronico requerido* REQUIRED for Primary Communication during the semester regarding cancellations, moves, etc.

How did you hear about us? ☐ *Flyer in School* ☐ *Email* ☐ *Facebook* ☐ *Word of Mouth* ☐ *Other:* __________

School Student Attends ____
Escuela del estudiante

Cell/Opt-in # (__________) ______________________________ ☐ By checking this box, I agree to receive recurring autodialed marketing text messages from or on behalf of ACTIVSTARS at the telephone number provided (opt-in number), including messages that are based on my mobile phone's location. I understand that consent is not a condition of any purchase. Message and data rates may apply. Please read our Privacy Policy and Terms & Conditions.
Numero de Contacto

Alternate # (__________) ______________________________
Numero de Mensaje

*CELL/TEXT TELEPHONE NUMBER WILL BE USED FOR NOTIFICATION REGARDING IMPORTANT CLASS INFORMATION - Such as MOVES, CANCELLATIONS, UPDATES, DETAILS ETC. either via phone call or text message. Please be sure the phone number you have listed is the BEST NUMBER FOR OFFICE COMMUNICATION DURING THIS SEMESTER.

ACTIV**STARS** Inc. Liability Release: I, the parent of the student listed above, do hereby agree to release all liability & claims against the ACTIV**STARS**, Inc. organization, & agree to hold harmless any liability against ACTIV**STARS** Inc., any sponsoring organization, facility, instructor & any other party involved, due to any injuries, accidents, negligence, or any other circumstance arising from participation in this program with respect to any time prior, during & after the class, including participation in all ACTIV**STARS**, Inc. Events such as performances, clinics, demonstrations, tournaments, etc. Parents and/or ACTIV**STARS** may take photos or videos of classes, practices or special events for personal/company use. I understand my child may be photographed. ACTIV**STARS** reserves the right to refuse service to any customer for any reason. By paying by check, I understand and authorize all dishonored checks in addition to the State allowable processing fee to be electronically debited from my checking account. In the event the electronic process of collecting your check fails we will forward the check to a traditional collection agency for payment.

Parent Signature (firma de padres/tutor): ______________________________ Date (fecha): ____________________
_

-- Office Use ONLY below –

Location: ______________________________ Sport: ____________________

Registration Fee: $10.00 Student Status (*please circle*): R/$8 Soccer/$8 E/$9 A/$12

Class fee: $____________ Please Circle: *Paid in full* *1st Class only*

Karate Gi: $____________ Workbook: $____________ Karate Promo: $ ____________

Poms: $____________ Pom Tags: $____________ Cheer Promo: $ ____________

Soccer Ball: $____________ Shin Guards: $____________ Other: $____________

TOTAL AMOUNT PAID: $ ______________ ☐ Cash ☐ Check # ________ ☐ Credit Card #____________

HELP A *STAR*

☐ I would like to DONATE to under-privlieged children a tax deductible amount of (circle)

$1 $2 $3 Other $ _____ with my registration.

Parent Initials: ________

ACTIV**STARS** OUTREACH *501(c)3*