

AIM USA ONLINE REGISTRATION FORM

Check one box CHEER DANCE GYMNASTICS

Use 1-form per participant and 1-form per class type. Print out this form and bring to class with you.

If you are paying by credit card you may FAX this form to 805-650-1000.

Student's Name (Last) _____ (First) _____

Parent's Name (Last) _____ (First) _____

Address _____ City _____ Zip _____

Phone Home () _____ Work() _____ Cell) _____

E-Mail _____ School (child attends) _____

Are you new to AIM USA? Yes _____ NO _____

If no how many sessions have you taken? _____

How did you hear about us? Flyer from School Friend Mailer E-mail

Comments: _____

Waiver and Notification

This activity involves motion, rotation & height which may cause serious accidental injury. I understand the risks associated with this activity. All participants, parents, relatives and guardians agree to abide by the rules and regulations set by Athletes In Motion LLC for the health, safety and welfare of the participants. Athletes In Motion LLC reserves the right to dismiss any participant whose conduct or influence is deemed unsatisfactory without refund. In addition, in case of medical emergency, I hereby give permission via my signature to hospitalize and secure proper treatment for the participant listed above. I release all coaches, directors, sponsors and any personnel associated with Athletes In Motion LLC from any liability due to accidents occurring before during or after participant's instruction at any place of practice or event. I further realize that my participant is covered with their own medical insurance. In signing this document I irrevocably state that I fully understand the terms and conditions set forth by Athletes In Motion LLC. *There are no refunds or exchanges on equipment. All sales are final. AIM USA reserves the right to refuse service. Photos and video of said participant may be used for promotional and/or advertising purposes. Sessions paid in full will not be refunded after the 3rd week of class.*

Parent/Guardian

Date

Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
<input type="checkbox"/> Weekly: \$7per class	\$ _____
<input type="checkbox"/> In full Discount \$5per classPaid	\$ _____
<input type="checkbox"/> Registration Fee:	\$10.00
Total:	\$ _____
Credit Card Information <input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card # _____	Expiration Date _____
Name on Card _____	Signature _____