

## **Registration Form**

Parent/Gua	rdian Name				<u> </u>
Phone					_
Address					_
City	State		Zip		_
Email					
Name of Pa	rticipant				
Date of Birt	h				
Payment M	ethod				
Cost:		Cash	Check	Credit	
sustain as a any equipm above that activities. It all claims fo these activity while members	result of his/hent, exercise of lassume the rishereby release or injury, illness ties. I understabers and/or prostars of Indiana	er physical conding of the control of the conding of the condinate of t	ition or resulting from it I expressly acknow I injuries and illnesse urners All Stars of Indianage which particities All Stars of Indianates are using Turners I limitation or obligate	m his/her participation ledge on behalf of mys s which may result fro diana, its agents, assig pant may suffer as a re na is not responsible for facilities or on Turners	r illnesses which participant may in any athletic activities, the use of self and the participant named om my participation in these ins and/or employees from any and esult of his/her participation in or personal property lost or stolen is premises. I give my permission to a footage, or tape recordings which ograms.
Signature (Parent or Guardian if participant is under 18)					Date

Credit/Refund Policy If Turners All Stars of Indiana cancels a class due to lack of enrollment or facility conflict, the participant will be issued a full credit or refund. If the participant notifies Turners in writing more than 24 hours before the first class meeting, a credit/refund will be given less a \$10 service fee. In cases of misconduct, a credit/refund may be given on a case-by-case basis. Turners All Stars of Indiana does not provide make-ups or credit/refunds for missed classes for any reason, including inclement weather related cancellations. All refunds will be processed through the Business Office within a 30-day period.