

Central Jersey All Stars/ PAJJ1
124 Market St.

Kenilworth, NJ 07033

908-241-1600

Centraljerseyallstars@gmail.com

Student's Name _____

Date of Birth _____ Age _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian Signature _____ Date _____

Emergency Contact Name _____ Phone Number _____

Allergies/Special Needs(if yes, please specify) _____

Class Day and Time _____

I understand that my child's participation in this activity can result in injury. I release PAJJ1, CJA, Central Jersey All Stars and all of it's affiliates from any and all liability, claim, loss, cost or expense, and waive and promise not to sue on any such claims against any person or organization or execution of any PAJJ1/CJA cheerleading or tumbling event.

I Understand that there will only be one makeup per monthly session allowed per athlete, unless for an extreme medical emergency. All make-ups MUST be scheduled through the front desk.

Parent/Guardian Signature _____ Date _____