



Clinic Registration Form

Clinic Name: _____

Athlete Name: _____

Parent Name: _____

Contact Number: _____

Contact E-Mail: _____

I have already filled out a Yearly Waiver Form for this Calendar Year (January-December) and there have been no changes to this information.

I understand that I have to go to the 5 Star Athletics website, www.5starathletics.com, print out the Annual Release Form, and mail it in or bring it on the first day of the event. I understand that my daughter cannot participate until this form is filled out and is received by 5 Star Athletics.

Parent/Guardian Signature _____ Date _____

Mail completed form with non-refundable full payment to:

5 Star Athletics
5910 Chestnut Hill Road
College Park, MD 20740

For Office Use Only Confirmed Payment _____

There Is No Off-Season
www.5starathletics.com