

**2012**  
***American All-Star***  
***New Orleans Hornets***  
***Pregame Show Performance***  
**&**  
***Honeybee HipHop Workshop***

We are excited to offer a new event to our clients. We have teamed up with the New Orleans Hornets dance team, the Honeybees, to bring you an exciting hip-hop workshop! Learn a routine from some of the best dancers in the NBA, and then showoff your skills during Pregame at a New Orleans Hornets basketball game! Participate in just the workshop, just the performance, or both! Details are below!

***HONEYBEE HIP-HOP WORKSHOP***

**DATE:** January 29, 2012

**TIME:** 9:00 AM – 11:30 AM

**LOCATION:** Greater New Orleans Area, TBD

<b>COST:</b>	<i>Non-AAS Camper</i>	45.00
	<i>Camper</i>	35.00
	<i>All-Star</i>	35.00
	<i>NDT</i>	FREE

***NEW ORLEANS HORNETS PREGAME PERFORMANCE***

**DATE:** January 29, 2012

**PRACTICE TIME:** 12 PM - 3:30 PM

**LOCATION:** Greater New Orleans Area, TBD

<b>COST:</b>	<i>Non-AAS Camper</i>	Full Amount of selected game package price
	<i>AAS Camper</i>	\$5 Discount off selected game package price
	<i>All-Star</i>	\$10 Discount off selected game package price
	<i>NDT</i>	\$15 Discount off selected game package price

*Link to performance choreography will be e-mailed no later than 1 week prior to event*

## Registration & Enrollment Form

**\*\* Every participant must complete and return this form \*\***

**\*\*Please print or type\*\***

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade Level \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Emergency Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_

E-mail address (required) \_\_\_\_\_

School Attending \_\_\_\_\_

### DANCER T-SHIRT SIZE (ONLY IF PERFORMING)

**\*please circle one\***

Child Large    Adult Small    Adult Medium    Adult Large    Adult XL    Adult 2XL

\_\_\_\_ **Workshop Only**    \_\_\_\_ **Performance Only**    \_\_\_\_ **Workshop and Pregame Performance**

### SELECT TICKET PACKAGE BELOW (if performing)

**\*packages include 2 tickets – one for dancer, one for chaperone\***

BALCONY SIDE PACKAGE - \$105

BALCONY END PACKAGE - \$75

Add'l Game Tickets    \$30 x \_\_\_\_\_ = \_\_\_\_\_

Add'l Game Tickets    \$15x \_\_\_\_\_ = \_\_\_\_\_

TOTAL = \_\_\_\_\_

GAME PACKAGE TOTAL = \_\_\_\_\_

\_\_\_\_\_ Game package total + \_\_\_\_\_ workshop price = \_\_\_\_\_ total price

\*\*\*Check or money order payable to American All-Star, LLC\*\*\*

Mail completed form and payment to:

**American All-Star  
Hornets Pregame Show  
P.O. Box 2096  
Mandeville, LA 70470**

## Rules and Regulations

- 1- During all activities, no alcoholic or non-prescription drugs are allowed in your possession.
- 2- During all activities, you are not allowed to associate with anyone in an unsuitable manner, to be determined at the sole discretion of American All-Star Staff members.
- 3- During all activities, no smoking is allowed under any circumstances.
- 4- During all activities, you will not be allowed to leave any scheduled practice or activity without the expressed permission from an official American All-Star Staff member.
- 5- During all activities, you will, at all times, follow the direction of designated American All-Star Staff members.
- 6- During all activities, any violation of the Rules and Regulations, as well as rules and regulations (whether oral or written) of American All-Star and/or agency or business associated with American All-Star (including, without limitation, class or rehearsal sites), will result in immediate dismissal from the Halftime Performance. Inasmuch, American All-Star has the sole discretion in determining if the performer should be removed from the group and returned home. If it is determined that the performer be removed from the group, the costs (membership fee, etc.) will not be refunded and the performer must turn in her costume and will not be allowed to participate in any other activities or events. The below signed parent/guardian agrees to indemnify and hold harmless American All-Star in the implementation of these rules.
- 7- The performer's parents or guardians, as attested by the signatures below, assume complete financial responsibility for any and all damages resulting from the negligent and/or willful acts of their son/daughter(s).

We, the undersigned, understand the Rules and Regulations listed above and agree with the principles and application. We agree to hold American All-Star and their employees, representatives and agents harmless in the enforcement of these Rules and Regulations.

**PARTICIPANTS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*\*Please return this form with your initial Registration and Enrollment Form\*\***

## 2012 HALFTIME PERFORMANCE

### RELEASE OF LIABILITY, WAIVER, COVENANT NOT TO SUE AND CONSENT TO RECEIVE ROUTINE AND EMERGENCY MEDICAL TREATMENT

FUNCTION \_\_\_\_\_ DATE \_\_\_\_\_

This form must be completed by each participant and returned to American All-Star, LLC before the applicant may attend or participate in the above captioned program/function. This form may be released to any third party in order that the applicant receives medical care in the event of illness or injury. This form must be completed in full and the consent form must be signed below. Please Print or Type.

NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PARENT/GUARDIAN NAME \_\_\_\_\_  
PARENT/GUARDIAN HOME PHONE(\_\_\_\_\_) \_\_\_\_\_  
WK PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_  
FAMILY PHYSICIAN NAME \_\_\_\_\_ OFFICE PHONE (\_\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_  
CITY, STATE & ZIP \_\_\_\_\_ HOSPITAL \_\_\_\_\_  
1. Date of last Tetanus Immunization or booster shot \_\_\_\_\_  
2. Name of any medical condition for which participant is being treated at the present time \_\_\_\_\_  
3. List all medications he or she is currently taking \_\_\_\_\_  
4. List all medications participant is allergic to \_\_\_\_\_  
5. List any restrictions of physical activity that apply to participant \_\_\_\_\_  
6. Please detail any other medical information that you feel is important for the safety of participant \_\_\_\_\_

In consideration of American All-Star (AS) the New Orleans Hornets and the National Basketball Association (NBA) allowing persons to participate in the above captioned activity, participant consents to and/or agrees to the following:

1. I do hereby, for my child, myself and any or either of our heirs, administrators, executors, guardians, representatives, next of kin, forever WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE American All-Star, LLC., the New Orleans Hornets, and the National Basketball Association and/or their respective representatives, officers, directors, employees, agents, successors, assigns, medical personnel and invitees (Releasees) for any and all damage and any claim therefore on account of injury to the person or property or resulting in death, whether caused by the negligence of Releasees or others, while I am in any way engaged in or associated with activities and events organized or sponsored by American All-Star or the NBA or connected with the above captioned activity. I further agree to indemnify, defend, and hold harmless "Releasees" from damages arising from my participation or association with activities and events organized or sponsored by Releasees.
2. MEDICAL TREATMENT CONSENT: I attest and verify that the participant is free from all illnesses, injuries or defects and is physically fit and sufficiently trained to participate in all activities associated with the program or event noted above. My child's participation in activities and events organized or sponsored by American All-Star, LLC or the NBA is voluntary. I consent to administration of first aid and other medical treatment to my child in the event of injury or illness and release and indemnify Releasees from any and all liability or claims arising out of such treatment.
3. I hereby in perpetuity grant full permission to Releasees, as described above, to use any photographs, videotapes, motion pictures, recordings or any other record of activities of the above named program or event for any legitimate purpose. All photographs, resumes or other submissions taken by or given to AS shall be property of AS.
4. I understand the Release and Consent form as detailed in the Enrollment Packet. I agree with its principles and application. I fully support American All-Star, LLC in the implementation of these policies and will reimburse AS for any costs incurred by AS in implementing these policies on my behalf.
5. AS cannot and shall not be responsible and/or liable for cancellation or any failure to provide services in connection therewith, if such failure is caused by Acts of God, including without limitation, the following: (i) restrictions upon travel, food, beverages, or supplies; (ii) travel delays; (iii) labor problems; and/or (iv) any other cause of whatever kind or nature which is beyond the control of American All-Star, LLC. The undersigned specifically agrees to hold harmless the Releasees including AS for any liability resulting from actions taken or failed to be taken by the undersigned before, during, or after the event.

I hereby state that I am authorized to make this decision. I agree to indemnify, defend and hold harmless Releasees, as described above, from any loss, liability, cost, claim or damages whatsoever that may be imposed upon said Releasees because of any defect or lack of such authority to take the actions described herein on behalf of the undersigned participant. I have read and understand all of the above and voluntarily sign this document and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

PARENT/GARDIAN SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

## RELEASE AND CONSENT FORM

The undersigned, individually and on behalf of all parties acting on her behalf (together, the "Participant"), hereby releases, indemnifies and holds harmless American All-Star, LLC, and the National Basketball Association, the New Orleans Hornets, and each of their respective agents, employees, officers, directors, owners, partners, members, and all parties for whom they may be responsible, and if applicable, owners and lessors of premises used for the event, affiliates of any of the above-named entities or their affiliates, and the sponsors, promoters and all other persons or entities associated with the Halftime Show, from and against any and all claims, liabilities, damages, demands, costs and expenses (including, without limitation, liability for personal injury, death, and property damages) which may be suffered or which may arise or which may be in any way connected with the Halftime Show.

The Participant understands that the rehearsals & performances involve a significant degree of physical activity. The Participant certifies that she is in good physical health and condition and is free from injury or disability which might impair her ability to participate without limitation in the dance class, rehearsal or performance during the 2009 NBA season.

The Participant certifies that all information provided by the Participant on this enrollment form is true, correct and complete in all material respects. The Participant hereby authorizes American All-Star, LLC to investigate and confirm with third parties the correctness of any information provided by the Participant.

The Participant hereby consents to the use of her likeness, name and voice by American All-Star, LLC, and the New Orleans Hornets in connection with their informational, promotional and marketing activities, including, but not limited to, use in or on photographs, electronic video and web based data and audio recordings or on the American All-Star or Hornets web site, without compensation to the Participant.

I hereby confirm that I have read and have voluntarily signed this Release and Consent in consideration of the right for my child to participate in the 2011 Halftime Performance, and that I fully understand its provisions.

Participant Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_

Witness' Name (printed): \_\_\_\_\_

*\*\*Please return this form with your initial Registration and Enrollment\**

