



Athlete Information and Release

Athlete Name(s): _____

DOB: _____ Main phone #: _____

Address: _____

City/ State/ Zip: _____

Parent 1 Name: _____

Parent 1 E-mail: _____

Parent 1 Cell #: _____ Parent 1 Work #: _____

Parent 2 Name: _____

Parent 2 E-mail: _____

Parent 2 Cell #: _____ Parent 2 Work #: _____

Emergency Contact and Number: _____

Insurance Company: _____

Medications/Allergies: _____

Doctor: _____

Phone: _____

How did you hear about Trinity All Stars? _____

Referral Name: _____



Authorization and Release

*I authorize Trinity All Stars to use photographs, video, and/or other likenesses of my child for use in its promotional material, print and online, or sales and waive any rights of compensation or ownership thereto.

*I understand the first month's tuition as well as the yearly registration will be required to be paid in full when registering for activities at Trinity All Stars. I understand that I must give 30 days written notice in advance of dropping any class/activity at Trinity All Stars.

*I understand all monthly tuitions at Trinity All Stars are due on the 1st day of each month. I understand that it is my responsibility to make sure Trinity All Stars receives my full monthly tuition including any unpaid balance on my account on or before the 10th day of the month. I understand I will be charged a \$10 late fee if my account is not paid by the 10th of the month, and for each month until paid and athlete may be withheld from participating in activities at Trinity All Stars.

*I understand I must pay an annual registration fee of \$35per athlete/ \$60 per family to enroll in any activities at Trinity All Stars.

*I understand any payment on my account returned unpaid for any reason(NSF, expired CC) will incur a \$10.00 NSF fee and a \$10 late fee. I understand Trinity All Stars does not refund tuition for ANY REASON.

*Absence policy: Makeup classes may be given depending on class availability. There will be no makeup classes or proration for the Forth of July, Thanksgiving, Christmas or New Year Holiday. Trinity All Stars follows the Northwest ISD schedule.

I have read, understand and execute this release and acknowledgment:

Parent/Legal Guardian Signature: _____ Date: _____

Cardholder Name: _____

Type of card: (circle one) **Visa** **MasterCard** **Discover** **AmEx**

Card Number: _____ Zip Code: _____

Expiration Date: _____ Automatic Monthly Withdraw: Yes/ No

I authorize Trinity All Stars to charge my credit card monthly for tuition.

Parent/Legal Guardian Signature: _____ Date: _____