



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 annual registration fee, will be required to be paid in full when registering for classes/activities at Trinity All Stars.
- *I understand that I must give **30 days notice of dropping a class** at Trinity All Stars and all fees will be due at the time of dropping classes.
- *I understand all monthly tuition is due on the **1st day of each month**.
- *I understand that it is my responsibility to update my payment information, including expired or declined cards, to ensure payment is made on or before the **10th day of the month**.
- *I understand that if my account is not paid in full by the **11th of each month**, a **\$15 late fee** will be added to my balance.
- *I understand that my athlete(s) will not be allowed to participate in practices, classes, or events if my account balance, including late fees, is not paid in full.
- *I understand that if my account balance is not paid in full by the **25th of the month**, my athlete(s) will be **dropped from all programs** at Trinity All Stars.
- *I understand I must pay an annual registration fee of \$50 per athlete/\$80 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 \$15.00 NSF fee. I understand Trinity All Stars does not refund tuition or registration fees for ANY REASON.
- *Absence policy: Makeup classes must be scheduled in advance, and only when a class has availability. Makeups expire 6 months from the date of the missed class. Makeups that are scheduled that "no show/no call" will be removed from the account, if front desk is not notified of your inability to attend. There will be no makeup classes or prorated tuition for Spring Break, Thanksgiving, Christmas, or New Years gym closures. Trinity All Stars follows the Northwest ISD & Keller 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: _____ **AUTO DRAFT: Yes / No**

ALL ACCOUNTS ENROLLED IN AUTO-DRAFT WILL RECEIVE A \$5 DISCOUNT ON TUITION EACH MONTH

I authorize Trinity All Stars to charge my credit card for any fees incurred.

Parent/Legal Guardian Signature: _____ **Date:** _____