

IMPACT Half-Year Team Information - Prep & Novice Program

Practices will begin the week of November 27th, 2023. Exact Practice Days and Times will be determined after Team Placement.

Pricing

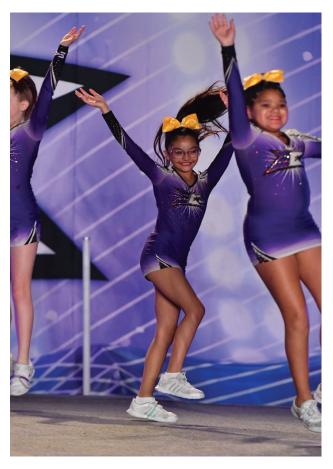
MONTH	FEE	Payment due date:
December*	\$180	Due with Packet
January **	\$180	December 20 th
February***	\$180	January 20 th
March	\$180	February 20th
April	\$180	March 20 th

^{*}Administration Fee- \$75

The December payment is due at the time of turning in the packet, along with the Registration Fee \$40 (if needed).

These payments must be made prior to signing up.

<u>Please note that the monthly fees include:</u>
One and a Half Our Practice per week,
Choreography, Competition Fees, Music Fees.



Not included:

Uniform Rental \$200- (\$150 rental, \$50 refundable deposit)

Includes: Top, Skirt with built in briefs

Competition Bow (\$15)

Shoes or make-up

Registration fee (if needed)

Tuition is due on the 20th of each month prior to the month you will be attending.

For example, January's tuition is due by December 20th.

All tuition payments are considered late on the 1st of the month and will be assessed a Late Fee of \$20.

^{**}Uniform Rental Fee - \$200

^{***} Competition Bow- \$15



2023-2024 Important Dates

Please Check ALL CLOSING Dates Carefully

Important Events and Closing Dates:

May 29th – June 2nd – Gym Closed July 3rd – 14th – Closed for 4th of July **TBD-** Mandatory Choreography August 12th – Fall Practices Start September 1st – 4th – Closed for Labor Day October 6th – 9th – Closed for Fall Break November $18^{th} - 25^{th}$ – Closed for Thanksgiving Break

November 27th – HALF YEAR TEAM PRACTICES BEGIN

December 22nd- January 6th – Closed for Winter Break

January 3rd – TEAM PRACTICES RESUME

March 10th – 17th – Closed for Spring Break March 18th – TEAM PRACTICES RESUME March 29th – 31st – Closed for Easter

Competition Dates:

January 20th or 21st – Express Fest – Frisco, TX February 3rd – Dallas Cowboys Cheerleaders Nationals – Arlington, TX February 10th – NTGU MEGA Nationals - Irving, TX April 7th – NTGU Spring – Denton, TX April 13th & 14th – The Glow Event – Frisco, TX

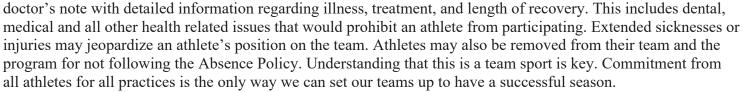
Please remember that these dates are tentative. Practices and Events can be added, deleted, or substituted without notice.

Absences

Absence Policy

An Absence Request Form must be submitted TWO weeks prior to the absence. All absence requests submitted less than two weeks prior to the absence will be unexcused. Forms are located in the lobby and in our document section on our website. Be prepared to show documentation for absences. NO absences are permitted the week of an event, excused or unexcused. Unexcused absences must be approved by a member of Express Cheer Staff at least two weeks prior the date of the absence(s). No unexcused absence will be allowed at any practice that involves choreography. An excused absence is limited to mandatory school functions for a grade, death in the family or contagious illness (fever, vomiting, diarrhea). . We will verify with school administrators or the school if we think someone is being dishonest. Exceeding the 2 allowed unexcused absence will put your athlete's position on the team in jeopardy at the coach's discretion. Missing practice for any other reason than those listed above will result in an unexcused absence. This includes but is not limited to; homework, no ride, work, cotillion, etc. All other sports that conflict with Express practices are NOT EXCUSED. Athletes who are late or miss practice may be required to condition at the following practice.

All athletes must attend practice even when they are sick. Athletes may not be required to participate but must be present and must provide a





Do not plan family vacation or trips during or around competitions, if you have done so you must inform Express Cheer in writing before you are admitted onto a team. Understand that this is team sport and that if one person is missing, it is basically a waste of time for everyone else. Missing or skipping practices jeopardizes your athlete's role on the team.

NO ABSENCE WILL BE ALLOWED THE WEEK PRIOR TO ANY EVENT/ COMPETITION. Missing a practice during these weeks may result in the athlete being moved to an alternate position or being dismissed from the team.

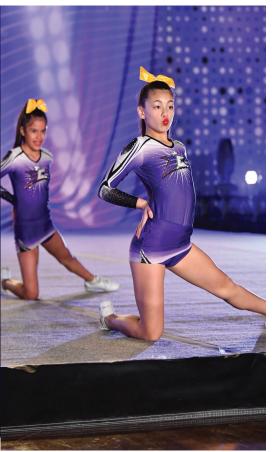
Code of Conduct

It is understood that Express Cheer reserves the right to dismiss an athlete from any practice or remove them from a team if their behavior is deemed inappropriate.

A member of Express Cheer must be a strong representative at all times. We expect that you will keep your social media clean and family friendly at all times. Remember you are a direct reflection of Express Cheer. If you are caught demonstrating abusive behavior, lying, or any form of negative behavior it will be grounds for removal. Express Cheer will not tolerate gossiping, pettiness, back talking or any disrespect to teammates or instructors. After warning a team member, a parent will be notified of the problem. If the issue is not resolved it will be grounds for removal.

Please be aware that inappropriate displays of behavior FROM PARENTS to office staff, instructors, athletes or other parents at events or inside Express Cheer can also result in removal of athletes from teams.

The use of Spirit Athletics LLC, Express Cheer DBA or any other subsidiary of our companies is strictly prohibited. It is prohibited to use our name in emails, social media formats, apparel, or other promotional material. No portion of our routines, music, dances, stunts, transitions, etc., should ever be used in any forum outside of our program.





	XPRESS CHEER		_	Student	_ 0	∐ Returnin	ig Stud	lent
	AKDIAN INFOI rdian First Name	RMATION	(Person responsible for t Mother/Guardian Last N			Phone Number	Allo	w Texting
Father/Gua	ner/Guardian First Name Father/Guardian Last Nam			ame	Cell I	Cell Phone Number		w Texting
		Mailing A	ddress			City, State, Zip	Code	
	Parent	Drivers Lice	nse and Date of Birth			Email Addre	ess	
	FORMATION (One Form						
Student	's First Name		Student's Last 1	name		Birth date Ag		
Gender		M	ledical Conditions, Disabilit	ing Allowaing	Issues and/an	Concouns		
Gender		IVI	lealcal Conditions, Disabilit	ies, Allergies,	, issues, and/or	Concerns		
	STRATION & I	EES			Gr. 1. P. 1			
Class #1				-	Start Date			
Class #2					Start Date			
Class #3	ss #3			-	Start Date			
Class #4	J.Fll		1.43%417	3 *4*	Start Date			
Ann	ual Enrollment Fo	ee	1st Months T	uttion		Regular Month	ly Tuitio	1
RELEAS	E AND WAIVER	OF LIABIL	ITY, ASSUMPTION OF R	ISK, INDEM	NITY AGREEN	MENT AND MEDI	A RELE	CASE
above enrolled activitions are including permanent	ties and that I am or my unsafe, I or my childrer disability, paralysis and	children are qua will immediated death, which m	rticipating in the programs of Expre- alified, in good health, and in proper ly discontinue participation in the ac- lay be caused by my or my children' eleasees" named below; and that the	physical condition tivities. I fully ur s own actions, or	on to participate in s inderstand that these inactions, those of	uch activities. I acknowl activities involve risks of others participating in the	edge that if f serious bo e activities,	I believe dily injury, the conditions
employees, other par "RELEASEES' here	ticipants, any sponsors, in) from all liability, cla	advertisers, and sims, demands, le	Cheer, Spirit Athletics LLC, its respirit applicable, owners and lessors of osses, or damages, on my account clemnify, save, and hold harmless ear	premises on which	ch the Activity takes to be caused in whol	s place, (each considered e or in assumption of ris	one of the	ne on my
during activities held form deemed accepta	at Express Cheer or an able by Express Cheer.	y public event th I hereby release	or audio recording ("MEDIA" herein nat includes Express Cheer, for use i and discharge Express Cheer, Spirit Ill rights and interest therein at no ch	n whole or in par Athletics LLC, fi	t, in marketing, soci	al media and/or training	material or	any other
(maximum of \$90 per guaranteed and are a	er family) is due on each	n anniversary dat e class openings.	n and a late fee of \$20 will be accesse of enrollment. Class Make Ups m. To qualify for make ups, students w from class.	ust be arranged a	arranged by contacting	ng the main office staff.	Make Ups	are not
		OF LIABILIT	Y, ASSUMPTION OF RISK, IND	EMNITY AGRE	EMENT AND ME	DIA DELEASE undono	tand that I	
to the greatest extent	signing it and have sign	ned it freely and	without any inducement or assuran rtion of this agreement is held to be	ce of any nature	and intend it to be a	complete and unconditi	onal release	e of all liability
	signing it and have signallowed by law and ag	ned it freely and	without any inducement or assuran	ce of any nature	and intend it to be a	complete and unconditi	onal release	e of all liability
to the greatest extent	signing it and have signallowed by law and ag	ned it freely and ree that if any po	without any inducement or assuran	ce of any nature invalid the balan	and intend it to be a	complete and unconditi shall continue in full for	onal release	e of all liability



City of Dallas

Park and Recreation Department (DPR)

CREDIT CARD AUTO DEBIT AUTHORIZATION FORM

Na	me on Card:			
Cre	edit Card Number (First 4 and last 2 dig	its only):	XXXX-XXXX-XX	
Cai	rd Type: Visa 🔲	MasterCard	Expiration Date: Month/Year:	/
Em	ail:			
her	vacy and Security Statement: It is the police re will NOT be sold or distributed to any part ormation. Security protocols have been imp	y. We maintain str	rict internal policies against unauthorize	ed disclosure or use of customer
	Participant's Name(s):	Program	Title (i.e. After School Program)	Recreation Center (i.e. Kidd Springs)
Parti	icipant 1			
Parti	cipant 2			
Parti	icipant 3			
Parti	cipant 4		T M. T N.	
		ACK	NOWLEDGEMENT	
[the 1st Monday) for any other program.] I understand that the amount being debit	ted will only cover the	e program fee due and will not cover any pre	
] I understand I am responsible for keeping] I understand that if my card is declined, to payment is made in full.			
] I understand that if my card is declined to payment in advance to secure a spot in the		nes, I will be removed from the Auto Debit F	Payment Plan and will need to make full
] I acknowledge that this auto pay authoriz in writing fifteen (15) days in advance.	ation will be in effect	until cancelled. To cancel future auto debit	s, I will notify appropriate Center Manager
] I understand that there are no prorated o	ptions for this progra	m, fees are charged in full whether participa	ant is present or not.
] I understand that a valid email is required receipts.	to be on file as this is	s how I will receive all communications abou	ut my Auto Debit Payment Plan, including
RINT	NAME	DATE	City of Dallas DPR R	Representative Signature
			Authorization form	reviewed by City of Dallas DPR
IGNA	TURE		Representative (dat	te)



Acceptance of Terms & Conditions

Please take a moment and read carefully to ensure that you fully understand the time and financial commitment required for Express. You will need to initial each section and sign at the bottom of the page.

	I understand that I will forfeit any monies paid if I choose to leave a team or are asked to leave the program I also understand that I am entering into the Express program of my own free will. There are NO REFUNDS!
	You must advise your coach in advance if your child will be arriving late or leaving early from practices.
	If a student is injured or sick and not contagious, they are required to attend practice, not participate.
	Express athletes are required to attend all practices. If habitual absences occur; athletes may be removed from the team without notice and no refund will be provided. Also, please note that if an athlete misses practices the week prior to a performance, regional or local competition, and/or two weeks prior to a national competition it is at the discretion of Express and its coaches whether or not they perform.
	An excused absence is limited to mandatory school functions for a grade, death in the family or contagious illness. Missing practice for any other reason other than the four listed previously will also result in an UNEXCUSED absence. This includes, but is not limited to: Too much home work / studying (please plan ahead) Don't have a ride (again, please plan ahead) Work School Sports Cotillion
	Express athletes are required to attend all competitions. Everyone will receive a competition schedule and it you cannot attend the competitions, then you should not join the team.
	Tuition does not pay for the right to perform. Individuals must continue to meet the skill level requirements. Failure to pay tuition will result in an athlete sitting out of practice.
	It is understood that Express reserves the right to move your child to another team during the season and/or dismiss an athlete from any practice or remove them from a team if their behavior or parents' behavior is deemed inappropriate. In the instance that an athlete quits or gets dismissed from a team, a \$750 cancellation fee will be processed immediately.
	Please be aware that inappropriate displays of behavior from parents can also result in removal of athletes from teams. This applies in all situations. Including, but are not limited to: practices, performances and competitions.
	I understand that team practices cannot be made up and in the event that practices are cancelled or there are global or local events out of the control of Spirit Athletics LLC (DBA – Express Cheer & Dance) or its subsidiaries, that limit our ability to provide services, I will be responsible for the duration of my contract and Spirit Athletics LLC (DBA – Express Cheer & Dance) or its subsidiaries will do everything in their power to provide substitute services and to make each family/customer whole.
erms and c	(parent), understand, accept, and agree to all of the onditions within the Express Cheer Evaluation Packet.
Signature _	Date

Payment Contract Agreement

Student's Name	•						
Parent's Name:							
Phone Number:			E-Mail Add	ress:			
Home Address:			City:	State:	Zip:		
(parent's initials)	be charged a r	egistration fee or	nce a year and a	ll tuition will b	pove-named studen e payable on the 20 e that late fees will) th of	
(parent's initials)	Tuition does not change based on the number or length of practices in any month.						
(parent's initials)	RELIEVE ME UPON, AND PAID SHALL further acknow	It is also acknowledged that FAILURE TO ATTEND PRACTICES WILL NOT RELIEVE ME OF ANY OBLIGATIONS TO PAY THE TUITON AGREED UPON, AND THAT NO REFUNDS OR MAKE-UP CLASSES FOR TUITON PAID SHALL BE MADE FOR NON-ATTENDANCE OR WITHDRAWAL. I further acknowledge that I will be required to pay for all uniform pieces, and trips and expenses not included in Express tuition.					
(parent's initials)	I further acknowledge that under the payment plan, if I withdraw my athlete for any reason, I may be responsible for additional fees. All resignations must be received in writing.						
(parent's initials)	I understand that if my athlete is no longer a part of an Express Cheer team for any reason, their uniform will need to be returned within one week of their resignation. If it is not returned, I will be charged the full price of the uniform.						
(parent's initials)	In addition, I understand by signing this page, I give Express the right to run the credit card on file for any outstanding balance on the 1 st of each month, or for the cancellation fee of \$750.					;	
(parent's initials)	I understand that carrying a balance on my account will hinder my athlete from taking additional classes or private lessons until team tuition has been paid. In addition, if monthly tuition is not paid by the 1 st of each month, my athlete will sit out of practice until the account is current.						
(parent's initials)	I acknowledge the monthly tuition does not include any additional charges (late interest, penalties, unbilled attorneys' fees, etc.) upon signing this agreement I agree to pay additional charges or fees which are incurred if it becomes necessary to collect the amount referenced in agreement.						
(parent's initials)	I understand that if any installment is late or missed, Express Cheer reserves the right to continue with the collections process and take whatever action is deemed necessary to recover the full amount of debt including but not limited to cancellation of this agreement and/or exclusion of your child from participation in all Express Cheer related activities.						
Domant/C1' G'		//)4i_in G'		<u>/</u>	
Parent/Guardian Si	ignature	Date	P	Participant Signa	ature	Dat	



Authorization Agreement for Collections

(Name) hereby authorize Express Cheer to automatically bill my credit
card/bank account my athlete's monthly tuition and any and all fees associated with his/her classes/squad. All requested information is required. Each month, your credit card /bank account will be billed for the amount indicated and your charges will appear on your statement. Any athlete/parent who wishes to change or cease payments entirely from the automatic payment system must notify Express Cheer in writing no less than 2 weeks prior to the automatic debit date . It is the cardholder's responsibility to maintain the correct information. We acknowledge that the origination of transactions to our account must comply with the provisions of the U.S. law. Please note that you are required to put both forms of payment on file. You may check the type of payment you would like us to first process. Express reserves the right to process the second form of payment if your primary payment is declined.
Monthly Tuition is due on or before the 20 th prior to each month.
A late fee of \$20 will be assessed for payments received after the 1st of each month unless prior arrangements have been made.
Customer Information:
Name:
Athlete's Name:
<u>Credit Card Information</u> Please use this as my primary payment.
Account Number: Exp. Date: Security Code:
Billing Address associated with credit card:
Town: St: Zip:
Bank Account Information Please use this as my primary payment.
Name on Account
Name of the Banking Institution
Routing Number
Account Number
I authorize, Express Cheer to automatically charge my credit card/bank account on file in the amount due, each month. I understand that my payment is to be withdrawn on the 20^{th} of each month prior.



ABSENCE REQUEST FORM

NAME OF ATHLETE:		DATE:
TEAM:		
REQUESTING TO BE ABSE	NT:	
MONTH:	DAY:	TIME:
SCHOOL ACTIVITY:		
VACATION/OTHER:		
WILLYOU BE ABLE TO AT	TEND ANY PORT	ION OF THE SCHEDULED PRACTICE?
YES - OR - NO		
IS SO WHICH PART?		
EXCUSED ABSENCE 2. I AM AWARE THAT PRACTICE. 3. I KNOW THAT MY I PRACTICE AND ALL ABSENCE. 4. I PROMISE TO LEAPRACTICE.	ES. TMY ABSENCE CAPARTICULAR STUL SPACING AND INTO ANY NEW ORAPPROVED ABSE	ACTIVITIES FOR A GRADE ARE THE ONLY AN AND WILL AFFECT THE REST OF THE TEAM UNT OR STUNT GROUP WILL NOT BE ABLE TO FORMATIONS WILL BE AFFECTED BY MY A CHANGED MATERIAL PRIOR TO MY NEXT ENCES MAY JEOPARDIZE AN ATHLETE'S POSITIONEAM.
ATHLETE'S NAME		PARENT'S NAME
ATHLETE'S SIGNATURE		PARENT'S SIGNAURE
COACHES NAME		COACHES SIGNAURE
APPROVED: YES - O COMMENTS:	PR- NO	