



ENROLLMENT APPLICATION

Check one: New Student Sibling Returning Student

PARENT/GUARDIAN INFORMATION (Person responsible for the account)

Mother/Guardian First Name	Mother/Guardian Last Name	Cell Phone Number	Allow Texting
Father/Guardian First Name	Father/Guardian Last Name	Cell Phone Number	Allow Texting
Mailing Address		City, State, Zip Code	
Parent Drivers License and Date of Birth		Email Address	

STUDENT INFORMATION (One Form Per Student)

Student's First Name	Student's Last name	Birth date	Age
Gender	Medical Conditions, Disabilities, Allergies, Issues, and/or Concerns		

CLASS REGISTRATION & FEES

Class #1		Start Date	
Class #2		Start Date	
Class #3		Start Date	
Class #4		Start Date	
Annual Enrollment Fee		1st Months Tuition	Regular Monthly Tuition

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT AND MEDIA RELEASE

In consideration of the above named students/participants participating in the programs of Express Cheer, a Spirit Athletics company, I represent that I understand the nature of the above enrolled activities and that I am or my children are qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if I believe event conditions are unsafe, I or my children will immediately discontinue participation in the activities. I fully understand that these activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my or my children's own actions, or inactions, those of others participating in the activities, the conditions in which the activities take place, or the negligence of the "releasees" named below; and that there may be other risks either result or my or my children's participation in these activities.

I hereby release, discharge, and covenant not to sue Express Cheer, Spirit Athletics LLC, its respective owners, partners, administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I hereby approve, agree and release any photographs, video or audio recording ("MEDIA" herein) taken by employees or agents of Express Cheer that include a depiction of my child during activities held at Express Cheer or any public event that includes Express Cheer, for use in whole or in part, in marketing, social media and/or training material or any other form deemed acceptable by Express Cheer. I hereby release and discharge Express Cheer, Spirit Athletics LLC, from any and all claims, damages or relief due to the use of such media. I hereby grant, assign and transfer to Express Cheer all rights and interest therein at no charge.

I understand that tuition is due on the first class of the session and a late fee of \$20 will be access for any late payments. I acknowledge that an enrollment fee of \$45 per student (maximum of \$90 per family) is due on each anniversary date of enrollment. Class Make Ups must be arranged arranged by contacting the main office staff. Make Ups are not guaranteed and are available only if there are class openings. To qualify for make ups, students must be actively enrolled in classes and/or programs. Furthermore, I agree to contact the office staff in person and in writing to change or withdraw from class.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AGREEMENT AND MEDIA RELEASE, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

X _____ Date
 Parent/Guardian Signature

OFFICE USE ONLY System Entry _____ Follow Up Email _____



CITY OF DALLAS

City of Dallas

Park and Recreation Department (DPR)

CREDIT CARD AUTO DEBIT AUTHORIZATION FORM

Name on Card: _____

Credit Card Number (First 4 and last 2 digits only) : ____ -XXXX-XXXX-XX ____

Card Type: Visa MasterCard Expiration Date: Month/Year: ____ / ____

Email: _____

Privacy and Security Statement: It is the policy of City of Dallas DPR to respect the privacy of its customers. As such, all information presented here will NOT be sold or distributed to any party. We maintain strict internal policies against unauthorized disclosure or use of customer information. Security protocols have been implemented to restrict access to information according to job responsibility.

Participant's Name(s):	Program Title (i.e. After School Program)	Recreation Center (i.e. Kidd Springs)
Participant 1. _____	_____	_____
Participant 2. _____	_____	_____
Participant 3. _____	_____	_____
Participant 4. _____	_____	_____

ACKNOWLEDGEMENT

Initials:

- [] I hereby authorize City of Dallas DPR to automatically debit my account weekly (every Friday) for After School Program/Summer Camp or monthly (on the 1st Monday) for any other program.
- [] I understand that the amount being debited will only cover the program fee due and will not cover any previous bill, late fees, membership fees, etc.
- [] I understand I am responsible for keeping Credit Card information updated (i.e. expiration dates, replacement cards, etc.).
- [] I understand that if my card is declined, there may be a \$5.00 late fee assessed, and the participant will not be eligible to attend the program until payment is made in full.
- [] I understand that if my card is declined two (2) consecutive times, I will be removed from the Auto Debit Payment Plan and will need to make full payment in advance to secure a spot in the program.
- [] I acknowledge that this auto pay authorization will be in effect until cancelled. To cancel future auto debits, I will notify appropriate Center Manager in writing fifteen (15) days in advance.
- [] I understand that there are no prorated options for this program, fees are charged in full whether participant is present or not.
- [] I understand that a valid email is required to be on file as this is how I will receive all communications about my Auto Debit Payment Plan, including receipts.

PRINT NAME

DATE

City of Dallas DPR Representative Signature

Authorization form reviewed by City of Dallas DPR

SIGNATURE

Representative (date) _____