



**TEXAS ALLSTAR CHEER**  
**SUMMER CAMP TRAINING PROGRAM**  
**Financial Policies & Procedures**  
**AutoPay/Authorization Form**



**The SCProgram:** TAC is delighted to offer its summer camp training program (“SCProgram”). The SCProgram is a high energy program that is designed to develop and enhance your child’s cheerleading and tumbling skills through, among other things, various instruction in cheer and tumbling skills, conditioning, strength building and other training activities. TAC will, in addition to tumbling/cheer training, provide strength and stamina building activities. PLEASE NOTE – THE SCPROGRAM IS NOT LICENSED BY THE STATE OF TEXAS.

**TAC Facility:** The SCProgram will be held at the TAC facilities. 4674 Priem Lane, Ste. 200, Pflugerville, Tx. 78660

**Calendar and Summer Break:** The SCProgram runs in accordance with the summer schedule of the regional school calendars. The program runs in 1 week sessions. TAC will be closed July 1<sup>st</sup> through 7<sup>th</sup> in observance of the July 4<sup>th</sup> holiday.

**Admission into the SCProgram:** You must do the following things in order to be admitted into the SCProgram – a) complete the following forms listed below and submit them to the TAC office prior to your child’s first day of participation in the SCProgram; b) create an account in IClassPro (if you do not already have an IClassPro account with TAC -if you need assistance with this matter, please contact the TAC office); c) pay the Fees set forth below.

**Forms:**

1. TAC Registration Form;
2. The following TAC Summer Camp Training Program Forms:
  - A) Parental Permission/Release of All Claims/Consent to Medical Treatment,
  - B) Travel Card
  - C) Financial Policies & Procedures/AutoPay/Authorization Form.

**Fees:**

3. Payment of Registration Fee (described below);
4. Cost of each camp is \$140 per week. A non-refundable tuition deposit (Tuition Deposit) of \$35.00 for each SCProgram session enrolled. This will hold your child’s place in that particular SCProgram session and once the SCProgram session begins, the Tuition Deposit will be applied to your child’s tuition. If your child does not attend the SCProgram session or if notice of cancellation is not timely given, the Tuition Deposit is forfeited.

**Registration Fee/Tuition Deposit:** The following SCProgram fees will be due at registration:

**Registration Fee:** for one child \$45.00; for two or more children in a family \$65.00 total for the year. The Registration fee is a fixed, annual fee based on the Calendar Year (regardless of when you enter the SCProgram) and it is not refundable or pro-ratable. **The registration fee is due at the time you register your child.**

**Tuition Deposit:** See # 4 under Fees.

**Cancellation Notice:** Notice must be received at least 14 days before the SCProgram session is set to begin. Otherwise, your Tuition Deposit is forfeited.

**Time of Arrival:** Drop off time is 8:00 am Monday – Friday. Pick up times will be between 5:00 pm – 5:30 pm. Early pick up can be arranged but should be in writing to the TAC office a week in advance. We plan to attend some activities away from the TAC Facility and want to ensure enough time to get your child back to the TAC facility with time to spare. Early drop off and late pick up may be arranged for an additional fee (contact the office for details).

**Safety Rules for TAC's Transportation:** While in TAC's transportation vehicle, your child must at all times 1) remain seated; 2) wear his/her safety belt; and, 3) follow all TAC staff directions. Following TAC's safety rules are imperative and any violation will result in your child being dropped from the transportation feature of the SCProgram. You will be promptly notified by TAC if your child violates any of these safety rules.

**SCProgram Breaks, Snacks and Lunch:**

**Break:** Each day your child will be afforded a 45-minute break. During that time, your child will be given the opportunity to do any of the following: read, play board games, etc.

**Snacks:** TAC will offer your child a snack during late morning and early afternoon. Your child may elect to purchase a drink or additional snacks from the vending machine. Please provide your child money to do so.

**Lunch:** Each student needs to bring a sack lunch every day to the TAC Facility. An hour lunch break will be given each day for all students to eat. Please make sure days we have activities away from the TAC Facility that you bring food that does not need to be refrigerated.

**Appropriate SCProgram Clothes:** Your child should bring gym clothes, tennis shoes and socks to wear while attending the SCProgram. If you child does not bring appropriate clothing and footwear (i.e., street clothes, skirts, dresses, blue jeans) your child may not be allowed to participate in certain activities. This is a safety precaution. Your child will be given a summer camp shirt to wear when the SCProgram children are attending activities away from the TAC Facility. Each student should bring specific field trip clothing attire that is suitable for that trip, i.e. socks for trips to trampolin parks.

**Parent Pickup Time/Late Pickup Fee:** Pick-up time for your child in the SCProgram is no later 5:30 p.m. (unless your child is attending an additional TAC class on that particular day or is enrolled in late pick up). Any child picked-up after 5:30 p.m. (unless your child is attending an additional TAC class that day or is enrolled in late pick up) will be assessed a late pick-up fee of One Dollar (\$1.00) for each minute late.

**Illness/Mediation:** If your child is ill or has any of the following symptoms, he/she will not be allowed to attend the SCProgram or any field trips with the SCProgram until he/she is well and no longer exhibits such symptoms: fever; vomiting; diarrhea, excessive coughing, etc. If your child exhibits signs of illness, we will call you or a named authorized person to inform you of such illness and to arrange pick up your child if necessary. TAC cannot dispense medication.

**Injury/Emergency:** If your child is injured during the SCProgram, TAC will contact you immediately. If you cannot be reached, TAC will call the person listed as the Emergency Contact on your child's TAC Registration Form. If TAC cannot reach the Emergency Contact person either, your child will be transported to the nearest hospital.

**Additional Fees:** – You will be responsible for paying any and all Additional Fees. Additional Fees may include, but are not limited to, late pick-up fees, NSF fees, late payment fees, field trips associated with each camp (if your child elects to attend).

**Field Trips:** - "CHEER"venture Camps are designated for various field trips. These are not mandatory to attend but if your child participates in these field trips, there is an additional fee for each trip. If you choose not to let your child attend the field trips, please let us know in advance so we can prepare facilities for number of attendees. TAC will not provide alternate care for campers that do not wish to attend field trips. Fees for the week of the field trip are a maximum of \$50.00. Each field trip cost will be charged at the end of day of the field trip. There are typically 4 field trips per session. Your child may also elect to bring money for buying souvenir, gifts or consumable items.

**SCProgram Discipline:** Discipline of your child may sometimes be necessary. TAC's discipline consists of positive reinforcement, redirection and time out/sit out. Such discipline will be age appropriate. If there is a behavior issue, TAC will contact you. If the behavior issue is not resolved, TAC reserves the right to drop your child from the SCProgram.

**Credit Card Authorization: It is required by TAC that a current credit card authorization be on file in TAC’s office for your child. If you elect to pay tuition for the SCProgram sessions your child attends, Registration Fee and/or the Additional Fees by check or cash, your credit card authorization will not be used. However, if you have elected to pay by check or cash and the required payments are not made timely, your credit card authorization will be used.**

**Miscellaneous:** .

- 1. Any late payments will incur an additional handling charge of \$25.00.
- 2. Any payment attempts resulting in a NSF (non sufficient funds), declined credit card, expired credit card, returned check, etc. will incur an additional \$30.00 fee. Please furnish us with all your updated information regarding your credit card.
- 3. Your child’s account must be current and in good standing to attend and participate in the SCProgram. TAC reserves the right to deny access to the TAC facility for failure to keep up with financial obligations.

**Contract:** By signing this agreement, you are agreeing to comply with the terms and to be responsible for your child’s SCProgram Tuition and any Additional Fees.

Child’s name: \_\_\_\_\_

Camps (circle all that apply):

- |                             |                       |
|-----------------------------|-----------------------|
| CHEER & “FUN”ditioning Camp | June 4 - 8            |
| “CHEER”venture Camp         | June 11 - 15          |
| CHEER & “FUN”ditioning Camp | June 18 - 22          |
| “CHEER”venture Camp         | June 25 - 29          |
| CHEER & “FUN”ditioning Camp | July 9 - 13           |
| “CHEER”venture Camp         | July 16 - 20          |
| CHEER & “FUN”ditioning Camp | July 23 - 27          |
| “CHEER”venture Camp         | July 30 - August 3    |
| CHEER & “FUN”ditioning Camp | August 6 - 10         |
| “CHEER”venture Camp         | August 13 - August 17 |

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**TEXAS ALLSTAR CHEER**  
 (ALLSTAR CHEER & DANCE OF TEXAS, INC.)  
**SUMMER CAMP TRAINING PROGRAM**

**Parental Permission / Release of All Claims / Consent to Medical Treatment**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Add. children: \_\_\_\_\_ Dates of Birth: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Child's Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent's Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

**Please read and sign the following:**

I/we the parent(s)/guardian(s) of the above mentioned Child (whether one or more) do hereby grant permission for the Child to participate in any and all cheerleading, tumbling, dance and/or other activities (whether one or more, "activities") while enrolled as a student in any session of **TEXAS ALLSTAR CHEER's Summer Camp Training Program**, whether at or away from the training facilities of **TEXAS ALLSTAR CHEER** (addresses set forth below - one or more referred to as "training facility"). I/we represent that the Child is physically able to participate in the activities without limitations. I/we acknowledge and agree it is my/our responsibility to promptly inform **TEXAS ALLSTAR CHEER** in writing of any health updates regarding the Child throughout the year.

I/we give **TEXAS ALLSTAR CHEER** the right and permission to film, photograph, or videotape my/our Child or me/us for any reproductions associated or in any way connected with **TEXAS ALLSTAR CHEER** (including any form of advertisement or promotional purposes).

The Child will be trained, instructed and conditioned in regard to cheerleading skills as well as activities that are designed to improve your Child's stamina, flexibility, and agility. Furthermore, there will be theme activities for each session and such activities may be conducted offsite, such as field trips to zoos, water parks, skating rinks, etc. **TEXAS ALLSTAR CHEER** will provide transportation of your Child to and from such offsite activities. During such transportation, training, instruction, conditioning and participation in offsite activities, there is the reality of possible injury. I/we understand that there is personal risk involved in my Child (i) being transported to and from the offsite activities or elsewhere, and, (ii) participating in any session of the **TEXAS ALLSTAR CHEER** summer camp training program (whether at the TAC Facilities or offsite). I/we further understand that such transportation and physical or other activities can result in SEVERE INJURIES, DISABILITY OR EVEN DEATH. I/we, the parent(s)/guardian(s) are assuming full responsibility for the Child's personal safety and I/we do hereby release and hold harmless **TEXAS ALLSTAR CHEER**, its employees, supervisors, instructors (whether paid or volunteer), agents, invitees, employees, officers, directors and shareholders from any and all claims, demands, actions, expenses (including attorney's fees, threatened or incurred), judgments, executions and liabilities that may occur from any injury, accident and/or incident (known or unknown), including death to the Child, that may arise as a result of the Child's being transported by **TEXAS ALLSTAR CHEER** as well as my Child's participation in **TEXAS ALLSTAR CHEER's** summer camp training program, including all activities, whether at TAC's Facilities or otherwise, and regardless of any negligence on the part of **TEXAS ALLSTAR CHEER**.

I/we further authorize a representative of **TEXAS ALLSTAR CHEER** to consent to medical treatment of the Child in the event of an emergency while at or away from the training facility. I/we give permission for **TEXAS ALLSTAR CHEER** to give my/our Child first aid and to provide or arrange for transportation to a hospital and receive emergency medical treatment. I/we will assume all costs for such medical care.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date \_\_\_\_\_



**TEXAS ALLSTAR CHEER**  
 (ALLSTAR CHEER & DANCE OF TEXAS, INC.)  
*SUMMER CAMP*  
**Registration Card and Medical Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 School Cheer Squad: \_\_\_\_\_ (the "Cheer Squad")  
 Child Lives with:      Mother      Dad      Legal Guardian (Circle appropriate one)

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mother's Cell: \_\_\_\_\_ Mother's email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Father's Cell: \_\_\_\_\_ Father's email: \_\_\_\_\_

**Emergency Contact** (other than parents): \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Medication Currently Taking: \_\_\_\_\_  
 Allergies to medicines: \_\_\_\_\_  
 Further medical information or psychological disabilities: \_\_\_\_\_

I certify that my Child is mentally and physically capable of participating in any activity for his or her Cheer Squad conducted in conjunction with or by Texas Allstar Cheer.

I am the legal parent/guardian of the Child.

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_



# TAC TRAVEL CARD

## Emergency Contact and Medical Information for a Child

_____		_____		M	F
Child's Name		Date of Birth		Sex	
_____		_____			
Parent's/Guardian's Name		Parent's/Guardian's Name			
_____	_____	_____	_____		
Cell Phone	Work Phone	Cell Phone	Work Phone		
_____		_____			
Address		Address			
_____		_____			
City, ST ZIP Code		City, ST ZIP Code			

## Additional Approved Adults to Release for Student for Pickup

_____		_____	
Contact Name/Relationship		Primary Emergency Contact	
_____	_____	_____	_____
Cell Phone		Phone	Relationship
_____		_____	
Contact Name/Relationship		Contact Name/Relationship	
_____		_____	
Cell Phone		Cell Phone	
If for some reason, someone else who is not listed above to with TAC staff in order to provide the person's name		Pick up my child, I understand that I must contact the office & speak Who shall pick up my child. I understand: _____ (initial)	

## Medical Information

\_\_\_\_\_

Hospital/Clinic Preference

\_\_\_\_\_

Physician's Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Insurance Company

\_\_\_\_\_

Policy Number

\_\_\_\_\_

/

Drug Allergies/Food Allergies/Medical Conditions

\_\_\_\_\_

Medications



## CREDIT/DEBIT CARD CHARGE AUTHORIZATION FORM

I authorize *TEXAS ALLSTAR CHEER* to charge my credit/debit card on or about the 1<sup>st</sup> day of each summer camp.

**Child's Name:** \_\_\_\_\_

**Name as it appears on the Card:** \_\_\_\_\_

**Card:** Visa    Mastercard    Discover

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Security(3# on the back)** \_\_\_\_\_

**Card Billing Address with Zip code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/20\_\_\_

**Print Name:** \_\_\_\_\_