HALF YEAR PROGRAM REGISTRATION DETAILS

Parent Information Meeting Options - Spirit Xtreme

Monday, August 17th 7:00p.m.
Monday, September 14th 7:00p.m.

An opportunity to have your questions answered regarding our Half Year Program. If you are unable to attend just give us a call and we can happily schedule a private meeting or answer any questions you might have.

REGISTER under 'class registration' tab at the top right corner of our website and pay the $25 - 2026-2027 Half-year Registration Fee. New athletes will need to create an account and returning athletes can simply log in to their existing account. Once logged in, simply click "Booking" and then the "Half-Year" link on the left menu bar.

AFTER you register online, please fill out and return page 3 to 6 to the main office by September 25th. We have these forms available to fill out in the gym office as well.

***Please return paperwork no later than September 25th.** **ALL PAPERWORK MUST BE RETURNED TO GYM OFFICE PRIOR TO athletes attending their first practice.**

Half Year PROGRAM FEES

Registration Fee **$25** **Due Upon Online Registration**

Team Tuition is divided into 6 monthly installments and is due on the first of each month. Billing begins in October 2026 and continues through March 2027. Tuition remains consistent from month to month and is automatically drafted from your account.

Monthly Tuition **$215** **Billed the 1st of each month**

Monthly Team Tuition includes:

- Team Training
- 1 Practice Tank (Black Shorts supplied by athlete)
- Competition Uniform and Bow
- Choreography and Music Fees
- Competition Entry Fees
- 50% discount on all additional tumbling classes
- 2 Gifts during the season

Additional Expenses NOT Covered By Monthly Tuition:

Annual Gym Registration Fee	$50	Due upon Registration and in Jan. each year *current athletes will not be charged again until Jan 2027
USASF Membership Fee	$49	Due to USASF in September
Practice/Competition Shoes	Any White Cheer Shoe	
Spectator Competition Entry Fees and Parking Fees		

Additional Information

- All accounts must be paid in full to be eligible for the 2026-2027 Season.
- A sibling a part of any Spirit Xtreme team program will receive discount off of their monthly tuition as follows: Elite $20, Pre Elite $20, Stars/Half Year/Joy $15. Discounts applied to the lower tuition(s) in the family.
- **Full tuition may be paid upfront with CASH, CHECK or to the card on file for a $75 discount by end of day Wednesday, September 30th**. Contact kim@spirit-xtreme.com to confirm full tuition payment amount and form of payment.

COMPETITIONS / PEP RALLY

Half Year Team 2026-2027 Competition Schedule

Date	Day	Competition Event	Location
TBD	TBD	**Team Show Off** Time TBD around Practices	Spirit Xtreme
Jan 16th	Saturday	**Grand Slam Nationals Redline**	**Arlington** Globe Life Field
Feb 21st	Sunday	**Spirit Xtreme Pep Rally**	**Grapevine High School**
Feb 27th	Saturday	**Spirit Sports**	**Garland** Curtis Culwell Center

2026-2027 Half-Year Registration Form

Please fill out and return the following information PRIOR to your Initial Evaluation

Athlete's Name: _____ Age: _____

Date of Birth: _____ Birth Year: _____

Grade for the 2026-2027 School Year: _____ School: _____

Home Address: _____

City: _____ Zip Code: _____ Contact Phone: _____

Parent Email: _____

Parent's Name: _____ Parent's Cell: _____

List any pre-existing injuries or medical problems: _____

_____

_____

Our program is growing and we may need to practice teams on different days of the week due to practice space. If more than one team is formed, athletes will be grouped on teams by grade and age. Emails will be sent with team announcement and practice day details.

Please circle the **day(s)** that your athlete would be **AVAILABLE** for practice:

TUESDAY 6:00-7:30 **THURSDAY 5:30-7:00p.m.**

ACKNOWLEDGEMENT OF SPIRIT XTREME POLICES, EXPECTATIONS, AND FINANCIAL COMMITMENT

Athlete's Name: _____

Please indicate the payment option that you have selected for the 2026-2027 Season:

_____ Option 1: Pay in Full by end of day September 30th

_____ Option 2: Monthly Installment Payments; Begin October 1st

I, the parent/guardian of _____ acknowledge I have received a copy of the 2026-2027 Program Information Packet.

Parent Initial: _____

I further acknowledge that I understand and agree to abide by the rules, regulations, and polices set forth in the Information Packet, Parent Expectations, the Athlete Expectations, and the Spirit Xtreme Code of Conduct.

Parent Initial: _____

I understand all accounts with a balance remaining after the 10th of the month will incur a $10 late fee. Any declined or failed payment methods will result in a $25 processing fee.

Parent Initial: _____

I have read and understand the Half Year program fees for the 2026-2027 season.

Parent Initial: _____

I have looked ahead at important events and dates and have included any known conflict on the Known Conflict/ Planned Vacation Form.

Parent Initial: _____

I have read and understand the attendance expectations for the Half Year Program.

Parent Initial: _____

I understand by signing this release form I am financially responsible for the athlete named.

Parent/Guardian Signature:_____

Date: _____/_____/_____

Half Year Team

Athlete Name:_____ **Age:** _____ **Birth Year:** _____

Known Conflict Notification

***Please list any known vacations or scheduled conflicts with CURRENTLY scheduled Spirit Xtreme events.**

(example: potential competitions weekends January-March, etc.)

Dates Absent_____ Reason/Destination _____

Dates Absent_____ Reason/Destination _____

Dates Absent_____ Reason/Destination _____

Dates Absent_____ Reason/Destination _____

Medication and Medical Consent Form 2026-2027

Athlete Name:_____

Medication Consent

Spirit Xtreme will not provide Ibuprofen, Tylenol, Benadryl or Aleve to any athlete without written permission and consent from a parent or guardian.

_____ No, I do not want medication provided to my child

_____ Yes, my child may be provided any of the medications listed above.

_____ Yes, my child may be provided and administered medicine only from the following list:

1._____

2._____

3._____

Emergency Medical Treatment

I, the parent/guardian of _____, give permission to Spirit Xtreme staff and any medical team to seek emergency medical attention for my child or to transport my child for emergency medical treatment if my emergency contact or I cannot be reached.

Telephone Numbers:

Day: (_____)_____-_____ **Evening:** (_____)_____-_____

Emergency: (_____)_____-_____

Parent Guardian Signature:_____

Date: _____/_____/_____