



1901 Preston Park Blvd, Plano, TX 75093
 Phone: 972-491-1916 Fax: 972-596-8621

Please Print Clearly

Last Name: _____ First Name: _____

Age: _____ Birth Date (M/D/Y): _____ / _____ / _____ Sex: _____

Address: _____

City: _____, TX Zip Code: _____ Home Phone: _____

E-Mail Address (print clearly): _____

Mother:
 Name: _____

Father:
 Name: _____

Cell Phone: _____

Cell Phone: _____

Emergency Contact: _____ Phone: _____

Infinite Bounds has my authorization to charge registration/tuition to the credit or debit card listed below. I have also been notified that tuition will be deducted 3 to 4 working days prior to the first of each month. If any changes, including cancellation of auto-debit, need to be made to my account, I will make it in writing by the 15th of the month in order to be effective the following month. If made after the 15th, my cancellation/changes will go into effect 30-days from the date of the written notification. No refunds will be given.

Card #: _____ Exp: _____ CVV#: _____

I have read **Infinite Bounds'** Rules & Policies and I accept and agree with them. Furthermore, I hereby release **Infinite Bounds** and its agents or representatives of liability for any personal injury to any student arising out of participation in this program. In the event of a medical emergency, I authorize the agents of **Infinite Bounds** to use their discretion in securing proper treatment for a student as deemed necessary under the circumstances. I understand every effort will be made to contact a parent or guardian of the student under such circumstances.

Authorizing Signature: _____

Date: _____

OFFICE USE ONLY:

Date: _____ Reg By: _____

Coupon - \$ _____

Amount: _____ F.O.P: _____

Copy Given to: _____ Computer: Conf Email: _____

Start Date: _____ Monthly Tuition: _____

<p>ARTISTIC TEAM</p> <p><input type="checkbox"/> Competitive Fee \$150</p> <p>Hours: _____ Lvl: _____</p> <p><input type="checkbox"/> XCEL / Reg Fee \$75</p> <p>Hours: _____ Lvl: _____</p> <p><input type="checkbox"/> Developmental Fee \$75</p> <p>Hours: _____ Lvl: _____</p> <p>Boys <input type="checkbox"/> PreTeam \$75 <input type="checkbox"/> Team \$150</p> <p>Hours: _____ Lvl: _____</p> <p><input type="checkbox"/> Rollbook</p>	<p>TNT TEAM</p> <p>Competitive Fee - \$75</p> <p>Pre-Team Fee - \$50</p> <p><input type="checkbox"/> Competitive 2 Days</p> <p><input type="checkbox"/> Competitive 3 Days</p> <p><input type="checkbox"/> Competitive 4 Days</p> <p><input type="checkbox"/> Pre-Team 1 Day</p> <p><input type="checkbox"/> Pre-Team 2 Days</p> <p><input type="checkbox"/> Rollbook</p>	<p>CHEER TEAM</p> <p>Competitive Fee - \$50</p> <p>Rec Cheer Fee - \$25</p> <p><input type="checkbox"/> All Star Competitive</p> <p><input type="checkbox"/> All Star Rec Cheer</p> <p><input type="checkbox"/> Rollbook</p>	<p>CLASSES Reg: \$50</p> <p>1st Class \$75 – Ea. Additional \$45</p> <hr/> <p><input type="checkbox"/> \$5 Sibling Discount</p> <p>Name: _____</p> <p><input type="checkbox"/> Rollbook <input type="checkbox"/> QC</p> <p>Notes: _____</p>
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