



ALL STAR TUITION PAYMENT AGREEMENT

2019 - 2020

Office Use Only
Team

\$100 Registration Fee & \$50 Tryout Fee Due May 24, 2019

Athlete's Name: _____

Parent Responsible for Tuition Payments _____ Phone: _____ email: _____

Parent Responsible for Travel/Uniform Payments _____ Phone: _____ email: _____

All Star Team Based on USASF Age Grid	Age (by Aug. 31)	Registration Fee	Option 1 Full Tuition Due 6/15/18	Option 2 Full Tuition Credit Card Due 6/15/18	Option 3 10 Monthly Auto Withdrawal Payments	Option 4 10 Monthly Credit Card Payments	Choreography Fee
Level 1	5 to 11	\$100	\$1245.00	\$1300.00	\$132	\$147	\$250
Youth	5 to 11	\$100	\$1245.00	\$1300.00	\$132	\$147	\$325
Junior	5 to 14*	\$100	\$1245.00	\$1300.00	\$132	\$147	\$325
Senior	13 to 18*	\$100	\$1245.00	\$1300.00	\$132	\$147	\$325

Note: Travel/uniform/practice uniform/performance makeup/choreography fees are separate.

Further details at All Star Parent Meeting. Any insufficient funds are subject to \$30 late fee. *Junior 4 is age 8 - 14 and Senior 5 is age 13 - 18

Tuition Payment Options (please indicate option)

_____ Option 1: Full Tuition Payment Option due by June 10th (\$1245) *savings void after this date

_____ Option 2: Full Tuition Payment by Credit Card due by June 10th (\$1300). Credit Card authorization form must be completed *savings void after this date

_____ Option 3: 10 monthly Auto Withdrawal Payments (\$132) (10th of month, June - March).

_____ Option 4: 10 monthly Tuition Payments by credit cards, debit cards, cash, checks, etc (\$147). Credit Card authorization form must be completed. There will be a \$10 late fee for payments not received by the 10th of the month.

*\$30 charge for all returned payments. Choreography Fee will be included with 2019-2020 Travel Fees. Class & private lesson payment is separate and is due at the time of service. This does not include April tuition for Summit teams

I agree to the terms in this payment agreement. I understand the registration fee and all required forms are due in order for membership to be accepted. I understand automatic withdrawal will be on the 10th of the month for tuition and the 20th of the month for travel. I understand my child's participation is a commitment for the entire season and all payments are nonrefundable. If I choose to leave the program I understand I am obligated to give a two week written drop notification and I will be responsible for the remainder of yearly tuition plus \$250 drop fee for travel (see travel agreement). I understand I have 14 days after leaving the program to pay my balance in full. I understand there will be a \$30 charge for all insufficient checks or returned auto withdrawals. I understand I will be dropped from the program after 2 months if tuition is not paid. I understand Dakota Spirit fundraising is optional and if leave the program for any reason all remaining funds will be used for student services. Note: DSCP requires participation in VC. I have read, understand and agree to the above terms and all costs and payments required for participation in Dakota Spirit.

Signature: _____ Print Name: _____ Date: _____

Dakota Spirit Authorization for Automatic Withdrawal (Must include a new voided check for this season. \$10 admin fee will be billed to your account for missing voided check)

Person Authorizing Automatic Payments: _____ Phone: _____

Monthly Tuition Amount: _____ Financial Institution: _____

Routing Number: _____ Account Number: _____

I hereby authorize Dakota Spirit, LLC to initiate electronic entries to my checking account for payments as indicated for _____ (athlete) for the season. I understand I am responsible for notifying Dakota Spirit in the event that I change y checking account to a different bank or account. Any changes to an auto-withdrawal account, will be assessed an account maintenance fee. Drafts will be made the 10th of each month beginning in June, 2019 for tuition and the 20th of each month for travel and continue each month until the completion of the season in March or until my account has been paid in full.

Signature: _____ Print Name: _____ Date: _____



ATHLETE INFORMATION

2019 - 2020

Athlete Information

Athlete's Name: _____ DOB: _____ Age as of 8/31/19: _____

Grade 2019-20: _____ School: _____ T-shirt size (indicate youth or adult): _____

Athlete's email: _____ Cell Phone: _____

Athlete lives with (check all that apply) Father Mother Step-Father Step-Mother Other

Insurance Carrier: _____ Policy #: _____ Policy Holder: _____

Family Doctor's Name: _____ Doctor's Phone Number: _____

Allergies: _____ Epi Pen: Yes No

Medications: _____ Purpose of medications: _____

Medications Dakota Spirit Staff has permission to give my child: _____

Please list all current & previous illness or injuries: _____

Current or past medical history: _____

Medical restrictions: _____

Concussion history: _____ Baseline Test Completed: Yes No (Required for athletes 12 and older)

My child has had a physical in the past year and is cleared for all athletic activities: _____

Parent/Guardian Information

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone (if different): _____

Cell Phone: _____ Work Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Place of Employment: _____

Email: _____ Email: _____

Primary Email for DS Communication: _____ Father Mother Other

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

DAKOTA SPIRIT RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

1. As legal guardian/parent I fully understand that I am responsible for payment of expenses incurred relating to my child's/athletes medical treatment as a participant in the activities of Dakota Spirit, LLC.
2. I certify that Minor is physically capable and has no previous injuries that will affect participation in Dakota Spirit, LLC.
3. I hereby have been forewarned that participation in Dakota Spirit has the following non-exhaustive list of particular risks and injuries including but not limited to: sprains, strains, abrasions, dislocations, fractures, concussion, contusions, blisters, head and neck injuries, illness, and possible death.
4. I understand that Dakota Spirit strives to provide the maximum in safety precaution & Athlete training.
5. I give permission for any medical treatment necessary in the event of illness or injury at practice, events, travel, competitions, or any event we participate in with Dakota Spirit. This includes emergency transportation.
6. I have provided accurate health information/medical conditions regarding my child and agree to notify Dakota Spirit staff in writing of any changes or conditions during her/his participation.
7. I grant permission for my child to be photographed, videotaped, or interviewed for the website, publications or press. I allow my child to be featured on Dakota Spirit social media channels.
8. I give permission for my child to participate in all DS events and am fully aware that I am responsible for my child.
9. I understand that a doctor's clearance is required for any lost time injury and return to participation including specific athletic restrictions for participation.
10. I understand I am required to provide written notice if my child drops from the program and I understand/agree to the drop terms of the tuition agreement for my child.

Athlete and Parent Consent

Athlete/Parent: Athlete/Parent: In consideration of participating in the Dakota Spirit, LLC program or DSCP activities, I represent that I understand the nature of this Activity and that athlete is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Dakota Spirit, LLC, its respective 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 part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and 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 have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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.

Athlete Name: _____ Athlete Signature: _____ Date: _____

Parent Name: _____ Parent Signature: _____ Date: _____