



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: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

Infinite Bounds has my authorization to charge 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 prior to that date of cancellation, along with a 30-day notice.

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card (Please Print): \_\_\_\_\_

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

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.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

|                      |                 |  |
|----------------------|-----------------|--|
| Date: _____          | Reg By: _____   | [ ] Coupon - \$ _____                    |
| Amount: _____        | F.O.P: _____    |  |
| Copy Given to: _____ | Computer: _____ |  |
|                      |                 | Start Date: _____ Monthly Tuition: _____ |

|  |  |   |  |  |
|--|--|---|--|--|
| <b>ARTISTIC TEAM</b><br>[ ] <b>Competitive Reg Fee \$150</b><br>Hours: 32 28 24 20 15 12<br>[ ] <b>Recreational Reg Fee \$75</b><br>Hours: 12 9 6 4<br>[ ] <b>Developmental Reg Fee \$75</b><br>Hours: 6 4 2 1 | <b>TNT TEAM Reg: \$75</b><br>[ ] Competitive 1 Day<br>[ ] Competitive 2 Days<br>[ ] Competitive 3 Days<br>[ ] Competitive 4 Days<br>[ ] Pre-Team | <b>CHEER TEAM</b><br><b>Competitive Reg Fee - \$75</b><br><b>Rec Cheer Reg Fee - \$50</b><br>[ ] Rec Cheer<br>[ ] Level 1 Minis<br>[ ] Level 1 Youth<br>[ ] Level 2<br>[ ] Level 3<br>[ ] Level 4 | <b>RHYTHMIC</b><br><b>Reg: 1-4 Hrs \$50</b><br><b>5 &amp; Up Hrs \$75</b><br>[ ] 1 Hour<br>[ ] 2 Hours<br>[ ] 3 Hours<br>[ ] 4 Hours<br>[ ] 6 Hours<br>[ ] 8 Hours<br>[ ] 16 Hours<br>[ ] 24 Hours | <b>CLASSES Reg: \$40</b><br>1st Class \$75 – Ea. Additional \$45<br>_____<br>_____<br>[ ] \$5 Sibling Discount<br>Name: _____<br>[ ] Rollbook [ ] QC |
|--|--|---|--|--|