

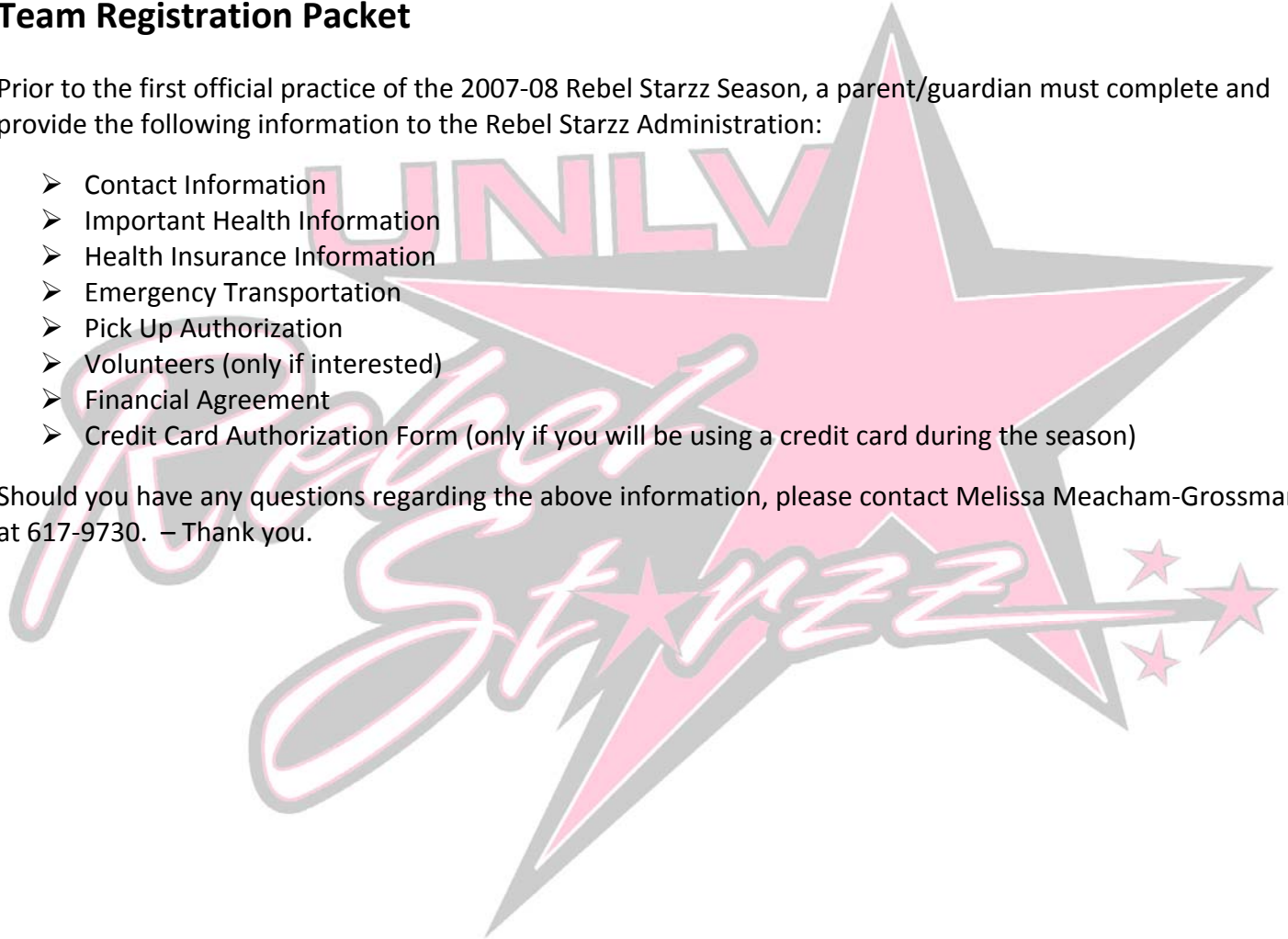


Team Registration Packet

Prior to the first official practice of the 2007-08 Rebel Starzz Season, a parent/guardian must complete and provide the following information to the Rebel Starzz Administration:

- Contact Information
- Important Health Information
- Health Insurance Information
- Emergency Transportation
- Pick Up Authorization
- Volunteers (only if interested)
- Financial Agreement
- Credit Card Authorization Form (only if you will be using a credit card during the season)

Should you have any questions regarding the above information, please contact Melissa Meacham-Grossman at 617-9730. – Thank you.



Contact Information

Please list all participants on one form.

Team Member _____ Group _____ Birthdate _____

Team Member _____ Group _____ Birthdate _____

Team Member _____ Group _____ Birthdate _____

Parent/Guardian Names _____

Emergency Contact Phone DURING Practice: _____ (name) _____ (number)

Important Health Information

NOTE: There are many times during the season that the Rebel Starzz staff will provide snacks and treats for the participants.

Please use the below space to indicate if your child has any allergies or if you have any objection to your child receiving a particular snack, etc.

Does your have any food allergies? YES ___ NO ___ If yes, please list: _____

Does your child have asthma? YES ___ NO ___ If yes, does she have an inhaler? YES ___ NO ___

Health Insurance Information

I certify that my child (listed above) has full health and accident coverage with _____.

Name of Health Insurance Carrier

Policy Number: _____ Name of Insured _____

This policy covers any and all accidents and injuries that may be sustained while engaging in any extracurricular athletic activities. In the event of cancellation of the above policy, I will immediately notify the Rebel Starzz Administrative Staff of such action.

Signature of Policy Holder _____ Date _____

Emergency Transportation Approval

This is to certify that I/we, the parents/guardians of _____ give full permission to the UNLV Rebel Starzz coaches, trainers and administrators at practices at or performance events, to call an ambulance service or otherwise provide emergency transportation to a hospital for medical treatment.

I/we understand that every effort will be made to contact the parents/guardians immediately, but should there be difficulty, I/we will not hold any UNLV Rebel Starzz representative responsible for any costs or liabilities associated with such actions.

Participants Name _____

Participants Name _____

Participants Name _____

Signature (Mother): _____ Date: _____

Signature (Father): _____ Date: _____

Signature (Guardian): _____ Date: _____

Pick Up Authorization

The following individuals are authorized to pick up the participants listed on this Team Registration Packet:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Should there be any question regarding the pick up of your child:

Who should be called for approval? _____ Phone Number: _____

Volunteers

If you are interested in volunteering to assist with one of the below functions, please check the boxes that apply below:

- Team Mom – assisting with games and events
- Birthday Mom – assisting with monthly birthday recognition
- Party Mom – planning and assisting with selected celebrations
- Fundraising – assist with annual fundraiser

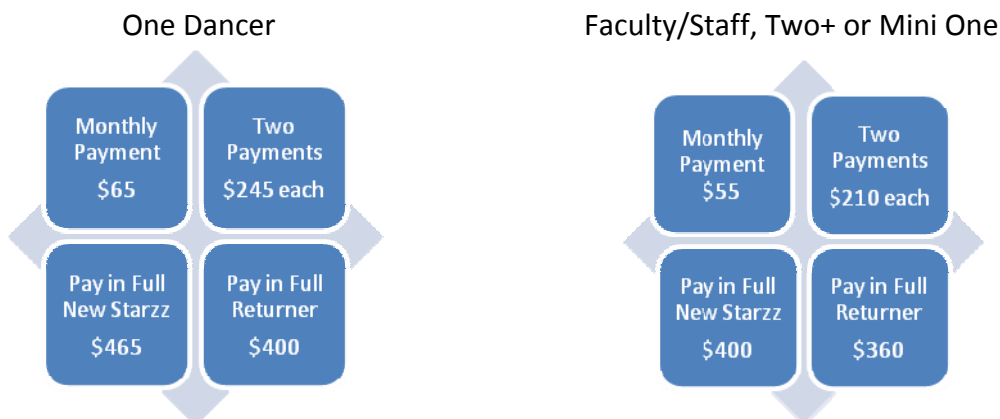
Name of interested Parent: _____ Phone Number: _____



2007-08 Financial Agreement

Thank you for choosing to be a part of the 2007-08 Rebel Starzz. We look forward to an exciting year with your dancer. Please review the below Financial Information for the upcoming season. Once you have selected the Payment Option that best suits you, please complete this form and turn it in on your first day of practice.

Payment Options



Participants Name: _____ Age: _____

Payment Option: _____

Tuition Payments: If you do not choose the Pay in Full option, tuition is due the 1st practice of each month.

Credit Card Processing Fees: If you choose to use a credit card for payment a fee will be charged for each transaction. \$10 for the Pay in Full charge and \$5 for any other transaction.

Late Payments: If tuition is not paid the 1st practice of each month, a LATE FEE in the amount of \$15 will be charged.

Refunds: No refunds will be issued for tuition paid.

I, _____ parent/guardian of _____ understand the Financial Agreement and agree to fulfill my financial responsibilities as outlined above.

Signature: _____ Date: _____

Starzz: _____



Rebel Starzz Credit Card Authorization Form

This form authorizes MMG Marketing & Consulting to charge the below credit card as indicated below:

Total Amount Due for Yearly Payment:	
Monthly Fee in the amount of:	
Uniform and/or Additional Fees:	

An additional fee will be charged for the use of your credit card: \$10/One Time Fee or \$5/transaction.

Card Name: _____

Billing Address: _____

City: _____ ST _____ ZIP _____

Card Type: VISA or MasterCard

Card Number: _____

Expiration Date: ____/____/____ VIN Code: _____

Signature of Authorization: _____

Date Signed: ____/____/____

Note: Monthly Consulting Fees will be charged to the above card the first week of each month in accordance with the Rebel Starzz Financial Agreement.