



Dear Team Parents and Athletes,

The staff and coaches at Twister Gymnastics are very excited about the upcoming school year and a new competitive season. We will all be working together to ensure each athlete is successful, while always respecting their individual talents and abilities.

**The Twister team handbooks**, along with the attached School Year Training Packet are designed to educate families about the Twister team program and to help prepare everyone for the upcoming season. ***The Competition Season Packet*** (including all schedules and fees), will be posted online by October 1st. Please read all the information carefully and let Heather Zayac, Head Coach, know if you have any questions or concerns. In order to communicate efficiently and effectively, it is best to e-mail ([heatherzayac@gmail.com](mailto:heatherzayac@gmail.com)), since reaching parents and coaches by phone can be difficult at times and e-mail is more time-flexible.

**The attached School Year Training packet contains the following: (PLEASE RETURN ALL FORMS BY THE DUE DATE LISTED BELOW!)**

1. **School Year Schedule & Selection Form** (*return to office 8/4-THIS IS A CRITICAL DEADLINE SO WE CAN CREATE A SUCCESSFUL STAFF SCHEDULE*)
2. **TOPs Program Information Letter**
3. **Tuition Fees and Policies**
4. **Parent/Athlete Contract** (must be returned to office by 8/18)
5. **Team Credit Card Authorization Form** (must be returned to office by 8/18)
6. **Team Registration Form** (must be returned to office by 8/18)
7. **Team Medical Release Form** (must be returned to office by 8/18)
8. **How to Exit the Team Program**

To leave an emergency message for a coach, please call the gym: (otherwise please email)  
***Twister Gymnastics of Boca Raton: 561-750-6001***

If you have any questions, please contact Heather Zayac via email at [heatherzayac@gmail.com](mailto:heatherzayac@gmail.com).

Thank you for your support of the program and for the privilege of working with such wonderful athletes!

Sincerely,

Team Twisters

# 2017-2018 Boca Twisters Team School Year Schedule & Selection Form:

Effective 8/21/17

Gymnast's Name: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Choose your start time: Please place a check mark in the ✓ column next to your daughter's workout selection and kindly return this form to our office by **August 4, 2017**.

Intensity Category	✓	Total Hrs/Wk	Mon	Tues	Wed	Thurs	Fri	Sat	Monthly Tuition
Level 1		5.5	Off	3:45-6:30	Off	3:45-6:30	Off	Off	\$400
Level 1 w/ TOPs		9	Off	3:45-6:30	Off	3:45-6:30	3:30-7:00	Off	\$460
Level 1 Advanced Compulsory Training Program (ACTP)		9	Off	3:45-6:30	Off	3:45-6:30	Off	8:00-11:30	\$460
Level 1 ACTP w/ TOPs		12.5	Off	3:45-6:30	Off	3:45-6:30	3:30-7:00	8:00-11:30	\$525
Level 2		5.5	Off	3:45-6:30	Off	3:45-6:30	Off	Off	\$400
Level 2 w/ TOPs		9	Off	3:45-6:30	Off	3:45-6:30	3:30-7:00	Off	\$460
Level 2 Advanced Compulsory Training Program (ACTP)		9	Off	3:45-6:30	Off	3:45-6:30	Off	8:00-11:30	\$460
Level 2 ACTP w/ TOPs		12.5	Off	3:45-6:30	Off	3:45-6:30	3:30-7:00	8:00-11:30	\$525
Level 3		11.5	3:45-7:15	Off	3:45-7:15	Off	Off	8:00-12:30	\$500
Level 3 w/ TOPs		15	3:45-7:15	Off	3:45-7:15	Off	3:30-7:00	8:00-12:30	\$573
Optional Low: Choose 4 days (Minimum req. for XG)		17.25	4:15-8:30 <input type="checkbox"/>	8:00-12:30 <input type="checkbox"/>	\$600				
Optional Medium: Choose 5 days (Minimum req. for L6/7)		21.5	4:15-8:30 <input type="checkbox"/>	8:00-12:30 <input type="checkbox"/>	\$680				
Optional High: All 6 days		25.75	4:15-8:30	4:15-8:30	4:15-8:30	4:15-8:30	4:15-8:30	8:00-12:30	\$725

# TOPs at Twisters

This year we are pleased to once again offer the Talent Opportunity Program at Boca Twisters. The TOPS program at our Boca location focuses on strength, flexibility, and aerial awareness. All girls of all ages and levels can benefit from TOP's training. TOP's is open to any Twisters team member who is interested in getting an extra day of training that is TOTALLY devoted to the development of strength, flexibility and "air sense".

As defined by USA Gymnastics, TOPS is "a talent search and educational program for female gymnasts ages 7-10. Since its establishment in 1992 the popularity of the TOPs program has grown tremendously. This year over 4,000 girls between the ages of 7 and 10 are expected to participate in State tests (conducted during June and July). From that number, the top 300 are invited to the National testing held in October at the National Training Center. The 70 most talented eight to ten year olds from the National Testing are then invited back to an all expenses paid training camp at the National Training Center in December. The girls are tested on strength, flexibility and skills based on their age.

Our TOPs program will run from August until the end of May. At the end of May we will do an "in house physical abilities test" using the National norms, and select those girls that meet the minimum standard to take the Florida State TOPs test in late July. To take the State TOPs test in July the student must be 10 years old or younger. There is very definite and difficult criteria used for the selection of this group that will attend the State test, the criteria are based on strength, flexibility and skill testing. Those that score in the top at the State test will be invited to National Testing.

Participation in the program does not guarantee that a child will meet the minimum standard to enter the State or National testing. Regardless of being selected for the testing, the girls who actively and consistently participate in this program will become stronger and more flexible making their competitive gymnastics that much better.

PLEASE realize that this is a "strength, flexibility and air sense developmental program" and is structured independently of the "competitive" USA Gymnastics "levels" structure. It is a day to work on strength, flexibility and aerial awareness. The TOPS training day is open to all levels. TOPs Fridays are a nice break from the regular workouts and provides the girls with an opportunity to work skills above their current levels.

*Fun Fact: All Five Members of the Gold Medal Winning 2012 Olympic Team, The Fierce 5, Competed in the TOPs Program!*

Hope to see you there!!

# Tuition Fees & Policies

## **Tuition Notice:**

Each year, we will have a tuition adjustment beginning June 1<sup>st</sup>. The word “adjustment” is used carefully since it is just that – an adjustment for inflation (and rising costs of operation) & the additional hours committed to the Team Program. *Please review the following pages for more information on tuition.* If for any reason this tuition increase presents a financial hardship on your family, please contact our Business Manager, Debbie Madiou to discuss. Debbie’s email address is debmadiou@aol.com

## **Team is a Bargain!**

There is no doubt that joining team is a significant commitment of time, effort and money. Is it worth it? Most parents will say that other than family life, team involvement becomes the most significant event in their child’s life. Besides the obvious physical benefits, those children who become involved in team rarely accept negative influences into their lives. They learn self-discipline, how to work closely as a member of a team, how to handle themselves in a variety of situations and how to prioritize and manage their time. Parents of our team members often comment that they wished they possessed their athlete’s discipline and time management skills! Team kids are almost always excellent students. For those reasons and more, team membership is a bargain.

## **Team is year-round**

The decision to join our team is a big one and reflects a significant year-round family commitment.

## **Tuition is due regardless of attendance**

Team tuition is calculated on a yearly basis and then divided by 12 to arrive at the monthly amount, which is due the **first day of each month, regardless of attendance**. (*Athletes are not permitted to practice if tuition is past due*). It is important to make this next point clear - team members do not move onto and off the team based on illness, injury, vacations, camps, schedule conflicts, or the like; *you are either on the team or off the team*.

## **Pro-rating would cause tuition to be higher**

Your monthly tuition would be higher if we had to take into account pro-rating tuition for team members. Just as your rent or mortgage payments are still due when you are away from home, your payment of team tuition is also due when your athlete is absent.

## **Practice Additions/Cancellations**

Inevitably, over the course of a year, there will be a few practice cancellations due to meet conflicts, holidays, or other team functions. We do our best to keep these at a minimum. Likewise, there will be occasions when additional practices may be conducted in an effort to prepare for a state championship or qualifying meet. Tuition will remain constant regardless of additions or cancellations of practice. (*We always offer more practice days & longer workouts over extended school holidays*).

## **Injured gymnasts are expected to participate**

Injured athletes are expected to participate in their normal practice sessions. In most cases, it is possible to work around injuries and turn a difficult situation into something positive by giving the injured athlete a specialized training plan to work on flexibility, strength, and specific skills not related to her injury. There is no reduction in tuition unless the injury takes you completely out of the gym for more than one month with an injury that prohibits her participation in any way. In that instance, tuition may be adjusted depending on the circumstances (on an individual case-by-case basis).

**TEAM TWISTERS PARENT AND ATHLETE CONTRACT**

Contract Date \_\_\_\_\_

I/we have read and accept the Twister Gymnastics team information and policies included in the attached manual. I/we agree to support team activities as outlined, and fulfill all obligations thereof.

\_\_\_\_\_ has my/our consent and permission to participate in the Twisters Team Program for the 2017-2018 season. As stated on the registration form, I/we release Twisters, its staff and directors from any and all responsibility and/or liability in case of accident or injury to the above named child. As with any activity involving height and motion, I/we are aware of the risk of serious injury, paralysis, or even death resulting from participation in gymnastic activities.

As the coaching and administrative staff has made a professional commitment to the gymnast, the gymnast and her family also commit themselves to the completion of the entire season through May 31, 2018. Upon signing, the gymnast and family are also financially responsible for team leotards and warm-ups, as well as all competitive meet fees and other monetary obligations a competitive team athlete accrues. It is further understood that Twisters will receive 30 days written notice prior to withdrawing from the Twister Competitive Program.

Gymnast \_\_\_\_\_ Parent \_\_\_\_\_

Twisters Head Coach \_\_\_\_\_

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Please return the signed contract to the front office, where it will be added to the gymnast's file. A copy will be furnished to the Parent upon request.

# Team Twisters

## Credit Card Authorization

It is **mandatory** that each team member fill out the form below and return to the office. If you have any questions, please feel free to call the Office Manager. This form will be updated annually. Thank you.

Athlete Name(s) \_\_\_\_\_

Total Monthly Tuition Charge(s) \$ \_\_\_\_\_

Check One:

Compulsory Level(s) Annual Team Registration Fee: \$155

Optional Level(s) Annual Team Registration Fee: \$225

Payment Method: Check One:

Please charge this fee to my card on file

Or

I will provide alternate payment for this fee to the front office by 9/15/17

### Team Credit Card Authorization:

I, \_\_\_\_\_, hereby authorize Twister Gymnastics to charge my credit card below for my child/children's monthly tuition for Twister Gymnastics' competitive team. I understand that all fees are due on or before the due date(s) and Twister Gymnastics will charge my card for the total balance. It is further understood and mutually agreed that I will provide 30 days written notice prior to withdrawing from the Twisters Competitive Program. Any dispute arising from these charges will be directed towards the Office Manager.

Credit Card Type: \_\_\_\_\_ #: \_\_\_\_\_ Exp: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone \_\_\_\_\_

Athlete Name(s) \_\_\_\_\_

Total Monthly Tuition Charge(s) \$ \_\_\_\_\_

## Team Twisters Registration Form

Gymnast's Name: \_\_\_\_\_ LEVEL \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please answer the following questions:**

Do you have accidental medical insurance? \_\_\_\_\_

Has your son/daughter had any operations during the past two years? \_\_\_\_\_

If yes, indicate the anatomical site of operation and date: \_\_\_\_\_

Is your son/daughter currently on prescribed medications or drugs on a permanent or semi-permanent basis?

\_\_\_\_\_ If so, indicate name of drug and how it is prescribed: \_\_\_\_\_

Is your son/daughter allergic to any general medications? \_\_\_\_\_

If so, what medications: \_\_\_\_\_

If so needed, your son/daughter can take \_\_\_\_\_ Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Aleve

Date of the most recent tetanus immunization: \_\_\_\_\_

Has your son/daughter had any fractures during the past two years? \_\_\_\_\_

If yes, indicate the sight of fracture and date: \_\_\_\_\_

Has your son/daughter ever had an injury to his/her back? \_\_\_\_\_

Has your son/daughter ever experienced a strain to either knee during the past two years with severe swelling accompanying the injury? \_\_\_\_\_

Waiver: To the best of my knowledge, my child(ren) is/are now in good health and physically capable of participating in the program(s) offered by Twister Gymnastics Boca Raton, Inc. and/or American Twisters, Inc. (TGBR/AT). I will not bring my child(ren) for his/her lesson if suffering from any respiratory, infectious or contagious illness or disease. I understand that if such an illness is apparent, my child(ren) will be removed from class for that day. I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading, dance, ball sports, party games and activities, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child(ren) to participate in all TGBR/AT programs and accept all risks associated with that participation. In consideration for allowing my child(ren) to use these facilities, I, on my own behalf and the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue TGBR/AT, its officers, directors, share holders, employees, volunteers, and al others associated with the corporation(s) from all liability for any and all damages and injuries suffered by my child(ren) or myself while under all instruction, supervision, or control of TGBR/AT. I hereby agree to individually provide for all present and possible future medical expenses, which may be incurred by my child(ren) or myself as a result of any injury sustained while participating at or for TGBR/AT. I understand and agree that in the interest of safety and enjoyment for all, TGBR/AT reserves the right to remove any participant(s) or non-participant(s) from any and all programs should his/her behavior become disruptive, inappropriate or cause a threat to the safety of others or one's self. If a participant is suspended or expelled from TGBR/AT, fees are not refunded. I also understand that TGBR/AT retains the rights to use and photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any legitimate purposes. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please make sure to fill this form out completely. Include any and all email addresses—this is critical for important Team communication.

## MEDICAL TREATMENT RELEASE FORM

Every year each team member must have an updated "Medical Treatment Release Form" filled out and notarized. These forms allow coaches, instructors, and staff members to authorize ANY medical emergency treatment. Please return your form to the office before the first meet of the season.

I, \_\_\_\_\_, do hereby grant permission for my child, \_\_\_\_\_, to travel and participate in competitions, exhibitions, practices, tours, and/or activities with Twister Gymnastics & American Twisters, coaches, their staff, and assistants. I not only grant permission for, but also encourage ANY necessary emergency medical treatment that may be required due to injury during these activities.

I, \_\_\_\_\_, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a gymnastics event. I further agree that Twister Gymnastics & American Twisters, along with the employees, agents, officer, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event.

Gymnast's Name: \_\_\_\_\_

Gymnast's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the athlete is under the age of 18:

As the legal parent and/or guardian for \_\_\_\_\_, I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate in gymnastics.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ to me well known and known to me to be the person described in and who executed the foregoing instrument and acknowledged to and before me that \_\_\_\_\_ executed said instrument for the purpose therein expressed.

WITNESS my hand and official seal, this

\_\_\_\_\_ day of \_\_\_\_\_ A.D., 20 \_\_\_\_\_

\_\_\_\_\_

Notary Public

State of Florida

My commission expires \_\_\_\_\_

# Exiting the Team Program

## My child came home from practice and said “I want to quit!”... Now what?

Children have a variety of reasons for wanting to quit an activity in which they are involved. Sometimes quitting may be the right choice. Other times “sticking it out” may be the right option. Unfortunately, it’s not always immediately obvious which choice is best for your child. The first step is to determine your child’s reason for wanting to quit.

A lot of times wanting to quit is merely a symptom of a problem that your child is having at the gym. Ask your child to name three reasons why she wants to quit. Below are some answers you may hear and some suggestions on how to respond.

1. I am afraid of a trick
  - Ask questions to identify the source of the fear. (It could be seeing another gymnast fall, fear of injury, etc.)
  - Ask your child if they would still want to do gymnastics if they no longer had to practice the skill. His/her answer will give you insight into their true feelings towards quitting.
2. My friends moved up to the next level (or are in a different group than me); I’m not as good as them.
  - Explain to your child that it takes time and practice to become a good gymnast and that everyone progresses at different rates.
  - Ask your child what he or she loves about gymnastics. If he/she is able to identify several positive feelings towards the sport, they should be able to work past being separated from their friends
3. I am not having fun anymore
  - Often kids want to try gymnastics because they enjoy watching it on TV and enjoy flipping around with friends at the park. Once they begin competitive gymnastics, they may find that it is harder than they thought it would be.
  - They may find that the stretching and the conditioning that it takes to become a great gymnast is not worth it.
  - Ask your child if there is a particular part of gymnastics that is still fun for them.
4. Gymnastics takes up too much time/I want to try other sports.
  - Gymnastics isn’t for everyone. Some kids prefer team sports such as baseball, soccer, or softball. Others prefer individual sports such as golf, swimming or tennis.
  - Analyze your child’s strengths and weaknesses, the things your child enjoys or avoids. You may have done gymnastics all through your childhood, but if your child is drawn to another sport, open your heart and mind to support the sport that your child chooses.
  - Many children are under the misconception that if they quit gymnastics they will have extra time to hang out at the mall, play on the computer, or talk on the phone. Address some of these issues so he/she is not surprised that during the time that used to be spent at gymnastics is now spent doing other productive activities such as cleaning the house or helping to prepare dinner!

Email our head coach, Heather Zayac ([heatherzayac@gmail.com](mailto:heatherzayac@gmail.com)) and let her know about your child’s fears and/or feelings. Many times these feelings can be resolved easily with no further complications. Once you make the coaches aware of the situation they may be able to control the training and environment more to the athletes liking and renewed enjoyment of the sport.

After a brief adjustment period, if the child still wants to quit, it is time to make an agreement that he/she must continue to do his/her best for a set amount of time (i.e. finish the season). At the end of that time period, your child will then be able to make a better decision about quitting (or retiring.) If the decision is made to retire, make sure that you and your child have an action plan of what activity they will take up next. It is also a good requirement for them to bring closure to the situation and not to “burn bridges.” There have been hundreds of cases in the Twister’s organization where the child has “quit” and then two months later desires to come back. Set up a meeting with parent, child and coach to go over this decision and leave the organization on good terms.