

# Twister Gymnastics Membership Selection Form

## 2017-2018

## Choose Your Membership in 3 Easy Steps!

### 1. Choose your intensity

*For optimal results it is best to enroll  
2-3 times per week!*

**1st class:**

One class per week

**2nd class - 25% off:**

Two classes per week (same child)

**3rd class - 30% off!:**

Three classes per week (same child)

**Looking for a higher intensity?**

See the front office to schedule a free evaluation for our competitive track.

### 2. Choose your time

**Primetime (standard rates):**

Monday-Friday 3:30, 4:35, 5:35 M-F)  
& Saturday mornings

**Early bird (discounted rates):**

Monday-Friday 9:15am-2:45pm

**Evening classes (discounted rates):**

Monday-Thursday 6:35pm or later

### 3. Choose your benefits

**Silver Medal:**

- 10% off each additional child (applies to Primetime classes only)
- Up to one camp session credit per month
- 10% off regular Camp Twisters rates
  - 10% off select Pro-Shop items
  - \$100 off member's Birthday Party
    - 4th Child is FREE

**Gold Medal:**

**(upgrade for \$50/month/child for grade school or \$25/month/child for preschool)**

All Silver Medal benefits  
PLUS unlimited Open Gym!

#### Parent/Guardian Information:

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Twisters? \_\_\_\_\_

**1st Child:** \_\_\_\_\_

Last Name First Name

Sex Date of Birth

**Intensity 1:**

1st Class Day Time

**Intensity 2:**

2nd Class Day Time

**Platinum:**

3rd Class Day Time

**Membership Selection:**  Silver  Gold

**Monthly Tuition for 1st Child:** \_\_\_\_\_

**2nd Child:** \_\_\_\_\_

Last Name First Name

Sex Date of Birth

**Intensity 1:**

1st Class Day Time

**Intensity 2:**

2nd Class Day Time

**Platinum:**

3rd Class Day Time

**Membership Selection:**  Silver  Gold

**Monthly Tuition for 2nd Child:** \_\_\_\_\_

**3rd Child:** \_\_\_\_\_

Last Name First Name

Sex Date of Birth

**Intensity 1:**

1st Class Day Time

**Intensity 2:**

2nd Class Day Time

**Platinum:**

3rd Class Day Time

**Membership Selection:**  Silver  Gold

**Monthly Tuition for 3rd Child:** \_\_\_\_\_



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## Credit Card Authorization

ACCOUNT NAME: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

1st month's pro-rated amount: \$ \_\_\_\_\_

Annual Membership Fee \$ \_\_\_\_\_/Year

1st Child: \$ \_\_\_\_\_/Month

2nd Child: \$ \_\_\_\_\_/Month

3rd Child: \$ \_\_\_\_\_/Month

4th Child: \$ \_\_\_\_\_/Month

Total Monthly Charges: \$ \_\_\_\_\_

**Congratulations for making an investment in your family's fun and fitness with a Twister Gymnastics Membership Plan!**

**Money Back Guarantee:** Twisters offers a two week money back guarantee if we have not met your expectations. Your first month's tuition and membership fee will be refunded, no questions asked.

**Cancellation Policy:** You may cancel your membership by providing Twister Gymnastics 30 days written notice in advance of the next billing date, by completing the Notification of Withdrawal Form. Membership benefits are forfeited upon cancellation. **Membership must be active and in good standing in order to use benefits.**

**Annual Membership Fee:** Twisters charges an annual membership fee due on the anniversary of your membership each year. By initialing below, you consent to an automatic renewal each year until you choose to discontinue your membership.

**Make Up Policy:** A student can do a make up for up to 2 missed classes per month within the billing period. To schedule a make up class please call the office after the class has been missed.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Twister Gymnastics to charge my credit card below for my child/children's monthly membership at Twister Gymnastics. I understand that my card will be charged the Total Monthly Charge shown above on or around the 10th of each month, from this month forward, unless there is a change to my membership or I decide to cancel. I understand that cancellation of my membership requires 30 days written notice.

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

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**  Added to roster  Entered e-form

## 2017-2018 Participation Agreement Form

### **Acknowledgement of Policies, Risk and Waiver of Liability - Read before signing!**

*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 all 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's Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Medical Insurance Provider: \_\_\_\_\_