

Twister Gymnastics Camp Information

Summer 2018



ENROLLMENT FEE: \$27/one child, \$47/family

Enrollment fee entitles child(ren) to one year of membership from date paid.

Includes the camp sessions of your choice, healthy snack & juice each day, arts & crafts, movie time, gymnastics instruction, fun & games!

\$49 non-refundable/non-transferable deposit per week reserves your spot!

Rates	8:30-12:30 Ages 3-12	8:30-3:00 Ages 3-12	8:30-6:00 Ages 5-12
Daily (regular rates)	\$65	\$85	\$97
3 Day Rate	\$179	\$239	\$275
Weekly Rate	\$287	\$367	\$427
3+ Weeks (per wk.)	\$277	\$357	\$417
Add Ons:			
	\$7/day	Lunch	

Sample Camp Schedule (Daily)

8:30: Welcome to camp! Free play!
 9:00: Divide into groups/warm up
 9:30: Gymnastics
 10:00: Snack time
 10:30: Arts & crafts
 11:00: Gymnastics
 11:30: Fun rotations around the gym
 12:00: Lunch

Sample Camp Schedule (Daily) Cont....

12:30: Pick up for Session 1 / Group games
 1:00: Movie time/quiet time
 2:00: Fun rotations around the gym
 2:45: Session 2 Sign Out
 3:00: Fun & games around the gym
 4:00: Snack time/movie time/quiet time
 5:00: Free play
 6:00: Camp ends, pick up for session 3

Twister Gymnastics . 3100 NW Boca Raton Blvd. #308 . Boca Raton. Fl. 33431

PH: (561) 750-6001 • Fax: (561) 750-8814 • www.twistergymnastics.com • office@twistergymnastics.com

Twister Gymnastics Camp Registration Form, Summer 2018

Family Information:

Parent(s): _____
Last First

1st Child: _____ DOB: _____
Last First

2nd Child _____ DOB: _____
Last First

3rd Child _____ DOB: _____
Last First

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Emergency Contact Person OTHER THAN YOURSELF & Phone #: _____

Acknowledgement of Risk and Waiver of Liability—Please 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: _____

Medical Insurance Company: _____

Refunds: Twister Gymnastics Camp Programs have a NO REFUND POLICY. Only in the case of extreme medical emergency will this policy be reviewed. Additionally, refunds are not issued if a child is dismissed due to disciplinary action based on his/her behavior or misconduct. A no-show to camp when using Twister "credits" will result in a forfeiture of those credits.

_____ (Initial)

Camp Twister Authorized Pick-Up Form:

I, _____ authorize my child/children (named above), to be released from Twisters to the following individuals:

_____ Phone # _____
_____ Phone # _____
_____ Phone # _____
_____ Phone # _____

I will inform the people named above that they must present a valid driver's licence and **PASSWORD** in order for my child/children to be released into their custody. At Twister's we understand that in certain circumstances an individual or individuals may not be allowed to pick up your child due to custody agreements or other restrictions. If applicable, please identify the name of a person that may not take your child home.

Please do not release my child to _____. Please call me at _____ if this person attempts to pick up my child.

Family Password (Please Read): All families that are involved in our camp program are required to have a password. This password is developed by you and kept within the circle of people that you are authorizing to pick up your children. When someone comes to pick up your child, along with your password, they must have proper ID showing the name that you have given us. Please make sure that you notify the gym at any time if there are any changes in authorized/unauthorized pick up on a day-to-day basis. In other words, if the person picking-up is not the regular face that we see, we need to hear from you to save time for yourself and your child. Your password is personal and private and will be kept in a safe place. Twisters sincerely appreciates your complete cooperation in this matter to allow us to provide a more fun, safe, and enjoyable experience for everyone.

My Family Password is: _____

Twister Gymnastics Camp Registration Form, Summer 2018

Please select your children's camp dates and camp packages below.

My selections apply to all my children listed on the camp registration form

My selections vary per child. This selection applies to:

Week 1: June 4-8

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 2: June 11-15

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 3: June 18-22

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 4: June 25-29

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 5: July 2, 3, 5, 6 (4 day wk—CLOSED 7/4)

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 6: July 9-13

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 7: July 16-20

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 8: July 23-27

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 9: July 30-August 3

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 10: August 6-10

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

This camp selection applies to:

Week 1: June 4-8

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 2: June 11-15

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 3: June 18-22

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

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Week 6: July 9-13

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 7: July 16-20

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 8: July 23-27

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 9: July 30-August 3

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Week 10: August 6-10

8:30-12:30 8:30-3:00 8:30-6:00 Lunch

Office use only:

Date received: _____

Received by: _____

Applicable rate:

SUPER Early Bird Rate (Expires March 18th, 2018)

Early Bird Rate (Expires June 3rd, 2018)

Regular Rates

Twister Gymnastics Camp Payment Information, Summer 2018

Payment Information:

A non-refundable/non-transferable deposit of \$49 per child per week is required to reserve your child's spot in camp. No child will be registered in camp without a paid deposit for that week.

The balance for each week of camp you select is due by noon on the Friday before that week begins.

A credit card authorization is required for pre-registrations.

Your card will automatically be charged the balance due by noon of the Friday before each week of camp you choose.

Failure to pay the balance due for each week by noon on the Friday before will result in loss of your deposit for that week and any special rates you received.

If you know in advance that you will not be attending a week of camp then you must contact Twister's office the by the Thursday before your selected week of camp begins to stop automatic payment of the balance due. Once the balance is charged no refunds will be given.

I, _____, hereby authorize Twister Gymnastics to charge my credit card below for my child/children's weekly and/or daily camp sessions at Twister Gymnastics along with any applicable camp upgrades I choose. I understand that American Twisters Summer Programs have a no refund policy. Only in the case of extreme medical emergency will this policy be reviewed. Additionally, refunds are not issued if a child is dismissed due to disciplinary action based on his/her behavior or misconduct.

Credit Card Type: _____ #: _____ Exp: _____

Billing Zip Code: _____ Name on Card: _____

Signature: _____ Date: _____

Annual Membership Fee- Paid on: _____ Amount: \$ _____

	Total Amount Due	Deposit Amount	Date Received:	Received by:	Balance due date:	Amount due:
Week 1: June 4-8					6/1/18	
Week 2: June 11-15					6/8/18	
Week 3: June 18-22					6/15/18	
Week 4: June 25-29					6/22/18	
Week 5: July 2, 3, 5, 6					6/29/18	
Week 6: July 9-13					7/6/18	
Week 7: July 16-20					7/13/18	
Week 8: July 23-27					7/20/18	
Week 9: July 30-August 3					7/27/18	
Week 10: August 6-10					8/3/18	