

Twister Gymnastics 2018-2019 Premier Membership Selection Form

Annual Membership Fee: \$27 for one child/ \$47 for families with two or more children.

**Preschool Premier Pass
Membership**

\$65/month 1st child or
\$101/month family

Preschool Premier Benefits

Unlimited Access to
Pre-School Open Gym Sessions
(ages 5 and under with parent)
10% off Camp Twisters
10% off Select Pro-Shop Items
25% off Party Deposits

Choose the Preschool Premier Pass Below:

- Pre-School Premier Single Pass
 Pre-School Premier Family Pass

**Grade School Premier Pass
Membership**

\$122.00 month 1st child or
\$161.00/month family

Premier Pass Benefits

Unlimited Access to Grade School
Open Gym Sessions (Ages 5-10)
10% off Camp Twisters
10% off Select Pro-Shop Items
25% off Party Deposits

Choose the Grade School Premier Pass Below:

- Grade School Premier Single Pass
 Grade School Premier Family

Parent/Guardian Information:

Last Name: _____ First Name: _____

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

Phone #: _____ Alternate Phone #: _____

Email: _____ How did you hear about Twister Gymnastics? _____

Emergency Contact Other Than Yourself & Their Phone #: _____

1st Child

Last Name First Name

Sex Date of Birth

2nd Child

Last Name First Name

Sex Date of Birth

3rd Child

Last Name First Name

Sex Date of Birth

4th Child

Last Name First Name

Sex Date of Birth



Twister's Premier Membership Credit Card Authorization Form

**Congratulations for making an investment in the health, fun and fitness of your family
with a Premier Membership at Twister Gymnastics!**

You chose the _____ Membership

MEMBERSHIP FEE: \$ _____

Your total monthly charges will be \$ _____ each month.

Cancellation Policy:

You may cancel your membership by providing Twister Gymnastics a **notification of withdrawal form to be filled out 30 days in advance of the next billing date**. There is no fee to cancel membership.

Please note: Membership must be active and in good standing in order to use benefits.

_____ (initial)

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 about the 10th of each month, from this month forward, unless a change is made to my membership or I decide to cancel. I understand that cancellation of my membership **requires a notification of withdrawal form to be filled out 30 days in advance of the next billing date**.

Credit Card #: _____ Exp: _____ Billing Zip Code: _____

Name on Card: _____ Signature: _____ Date: _____

2018-2019 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 _____