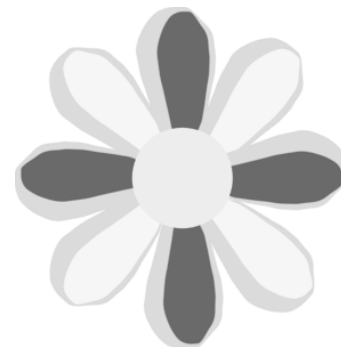
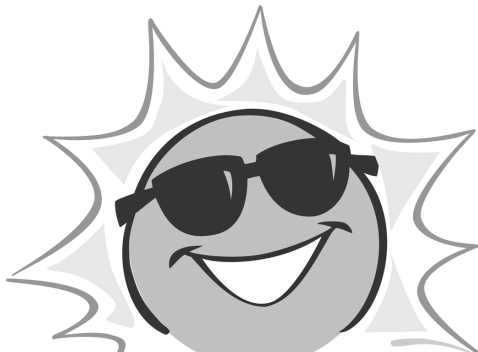
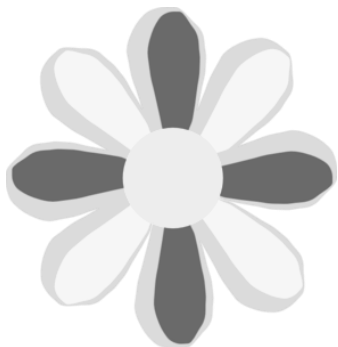


Twisters Summer Class Pass 2019



Twisters is now offering more flexibility in the summer during June, July and August!* Just pick your class frequency and number of weeks you want your child to attend. *Payment is due upon enrollment.*
No membership fee required! Siblings receive 10% off!

Class Frequency	4 Weeks (Min)	6 Weeks	8 Weeks	10 Weeks
1 Class Per Wk	\$144 Primetime \$120 T-R Morning	\$216 Primetime \$180 T-R Morning	\$288 Primetime \$240 T-R Morning	\$360 Primetime \$300 T-R Morning
2 Classes Per Wk	\$252 Primetime \$210 T-R Morning	\$378 Primetime \$315 T-R Morning	\$504 Primetime \$420 T-R Morning	\$630 Primetime \$525 T-R Morning
3 Classes Per Wk	\$352 Primetime \$294 T-R Morning	\$528 Primetime \$441 T-R Morning	\$704 Primetime \$588 T-R Morning	\$880 Primetime \$735 T-R Morning

*This offer only applies to the summer months of 2019.

No membership benefits are accrued or able to be used with this promotion.

CALL NOW TO RESERVE YOUR SPOT !

561-750-6001

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 Summer Class Pass 2019

Family Information:

Parent(s): _____
Last First

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

Email: _____ Phone #: _____

Emergency Contact Person OTHER THAN YOURSELF & Phone #: _____

1st Child: _____ DOB: _____
Last First

Class #1: _____ Day: _____ Time: _____ Class #2: _____ Day: _____ Time: _____

Class #3: _____ Day: _____ Time: _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10

2nd Child _____ DOB: _____
Last First

Class #1: _____ Day: _____ Time: _____ Class #2: _____ Day: _____ Time: _____

Class #3: _____ Day: _____ Time: _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10

3rd Child _____ DOB: _____
Last First

Class #1: _____ Day: _____ Time: _____ Class #2: _____ Day: _____ Time: _____

Class #3: _____ Day: _____ Time: _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10

Refunds: Twister Gymnastics Summer Class Pass has 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 class will result in a forfeiture of that class.

Makeups: If you must miss a scheduled class, please let us know 24 hours in advance. We can schedule a makeup in another day or time that has availability. We do not allow refunds for any classes missed. If you no-show for your scheduled class or makeup, that class will be forfeited.

_____ (Initial)

Payment Information:

A credit card authorization is required for pre-registrations.
Your card will be charged the full amount at time of registration.

Amount Due:

\$ _____

I, _____, hereby authorize Twister Gymnastics to charge my credit card below for my child/children's class(es) at Twister Gymnastics. I understand that Twister Gymnastics Summer Class Pass 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 or for a no-show to their scheduled class.

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

Name on Card: _____ Signature: _____ Date: _____

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: _____