



Boca Twisters Team Training Packet: 2022-2023 School Year

Dear Team Parents,

The staff and coaches of Boca Twisters are very optimistic about the upcoming school year and a new competitive season. We will all be working together to ensure each athlete is safe and successful while always respecting their individual talents and abilities.

This School Year Training Packet is designed to educate families about the Twister Team Program and to help prepare everyone for the upcoming season. ***The Competition Season Packet*** (including the Competition Schedules and fees) will be posted online by mid-September for all levels. Please read all the information carefully and let your Head Coach know if you have any questions or concerns. To communicate efficiently and effectively, it is best to e-mail your Head Coach (see email addresses below) since reaching parents and coaches by phone can be difficult.

This packet contains the following:

1. Tuition Fees and Policies
2. Tuition Schedule
3. Parent/Athlete Contract
4. Team Credit Card Authorization Form
5. Team Registration Form
6. Team Medical Release Form
7. School Year Workout Schedule Selection Form

PLEASE RETURN ALL FORMS BY JULY 25th

THIS IS A CRITICAL DEADLINE SO WE CAN CREATE A SUCCESSFUL STAFF SCHEDULE

To leave an emergency message for a coach, please call the gym:

Twister Gymnastics of Boca Raton: 561-750-6001

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

Sincerely,

Heather Zayac, Head Coach, heatherzayac@gmail.com,
Holly Cardin, XB/XS Head Coach, hollyhannan29@gmail.com,
Gary Anderson, Team Coordinator, MrMVT@aol.com

Tuition Fees & Policies

Tuition Notice: Each year, we have a tuition adjustment on June 1st. 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 the tuition 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.

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).

2022-2023 Tuition Schedule

Budgeting Goal of Competitive Program – To Break Even

Our budgeting goal is to break even on our competitive program as a whole (not necessarily in each level). Few people argue with that goal. However, we have found that most people tend to drastically underestimate expenses.

Setting Tuition

The team budget is based on a year-round commitment of both attendance and tuition. Tuition is calculated per training hour on a 48-week year, or 4 weeks per month. This “4-week buffer” is to account for school schedule conflicts, holidays, gym closings, missed days due to illness or vacation, etc. However, when you look at the tuition schedule below, you will see that our optional gymnasts pay significantly less per training hour than our compulsory levels. It is our expectation that a healthy balance of entry-level athletes and higher-level athletes will, when taken together, break even.

Hourly-Based Tuition Calculation “Challenge”

With a growing team program, Twisters is fortunate to provide superb training facilities, expert leadership & coaching and first class customer service. Each year, we experience a challenge in budgeting approximately 3000+ “gymnast hours” (200 gymnasts X avg of 15.75 hrs per week) per week. In short, as hourly rates go down for the increase in training time for the athletes, Twisters staffing costs (our largest line item) remains constant for every hour.

Hours per week	Approx. hours per month	Monthly Tuition	Approx. cost per hour
1	4	229	57.25
3	12	451	37.58
4	16	532	33.25
6	24	540	22.50
7.25	29	557	19.21
9.5	38	609	16.03
10.75	43	633	14.72
11.25	45	637	14.16
14.25	57	723	12.68
15	60	729	12.15
18.75	75	799	10.65
22.5	90	887	9.86
25	100	903	9.03

TEAM TWISTERS PARENT AND ATHLETE CONTRACT

Contract Date _____

I/we have read and accept the Boca Twisters 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 2022-2023 competitive 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, 2023. Upon signing, the gymnast and family are also financially responsible for monthly tuition, 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.

Parent Signature _____

Parent Signature (on behalf of the gymnast) _____

TEAM TWISTERS CREDIT CARD AUTHORIZATION

It is mandatory that each team member complete the form below. If you have any questions, please feel free to contact the Team Billing Manager, Elayne at elayne3333@aol.com. This form will be updated annually. Thank you.

Athlete Name(s) _____

Total Monthly Tuition Charge(s) \$ _____

Annual Team Registration Fee: Check One:

- Level 1-5 and XB/XS: \$219 (due 09/09/22)
 Level 6-10 and XG/XP/XD: \$265 (due 09/09/22)

Registration Fee Payment Method: Check One:

- Please charge this fee to my card on file
 I will provide an alternate payment for this fee by the due date above

I, _____, hereby authorize Twister Gymnastics to charge my credit card below for my child/children's monthly tuition for Boca Twisters competitive team. I understand that all fees are due on or before the due date(s) and Twisters 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 Team Billing 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 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 because of my participation in the event.

Gymnast's Name: _____

Parent Signature (on behalf of the gymnast): _____ 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 #: _____

2022-2023 Boca Twisters Team School Year Schedule & Selection Form

Schedule begins August 11, 2022

Gymnast's Name: _____ Parent's Email: _____

Please select your preferred workout INTENSITY and the DAYS your daughter will attend. Please make your selections by 07/25/22.

Level	Choose your Intensity	Total Hrs/wk	Mon	Tues	Wed	Thurs	Fri	Sat	Monthly Tuition
Xcel Bronze	2 days	6		3:30-6:30		3:30-6:30			540
	3 days	9.5		3:30-6:30		3:30-6:30	Fitness Friday 3:45-7:15		609
Xcel Silver	Pick 2 days	7.25	3:45-7:15		3:45-7:15		3:45-7:15	8:30-12:15	557
	Pick 3 days	10.75	3:45-7:15		3:45-7:15		3:45-7:15	8:30-12:15	633
	4 days	14.25	3:45-7:15		3:45-7:15		3:45-7:15	8:30-12:15	723
Xcel Gold	Pick 3 days	11.25	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	8:30-12:15	637
	Pick 4 days	15	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	8:30-12:15	729
	Pick 5 days	18.75	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	8:30-12:15	799
	6 days	22.5	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	8:30-12:15	887
Levels 6, 7, 8	Pick 5 days	18.75	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	8:30-12:15	799
	6 days	22.5	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	4:45-8:30	8:30-12:15	887