2026-2027 Team Twisters SY Training Packet All Levels

Dear Team Parents,

The staff and coaches of Team Twisters are very optimistic about the upcoming school year and a new competitive season! We will all be working together as one team 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. 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 email your Head Coach since reaching 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 Forms: All Xcel Levels offered at American Twisters
8. School Year Workout Schedule Selection Forms: All Xcel Levels offered at Boca Twisters
9. School Year Workout Schedule Selection Forms: Optional Levels 6-10

PLEASE RETURN ALL FORMS BY JULY 17th to secure your spot at your current location.
THIS IS A CRITICAL DEADLINE SO WE CAN CREATE A SUCCESSFUL STAFF SCHEDULE
(After 7/17 we will consider transfer requests based on availability).

To leave an emergency message for a coach, please call the gym:
American Twisters Coconut Creek: 954-725-9199
Twisters 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,

Your Head Coaches and the Team Twisters Family

Erin Hall Global Xcel Coordinator & Coconut Creek Xcel Head Coach: gymcoach84@gmail.com
Jessica Poole, Boca Raton Xcel Head Coach: jessica.btwisters@gmail.com
Christina Ramirez, Coconut Creek Optional Head Coach: TwisterscoachChristy@gmail.com
Gary Anderson, Global Team Coordinator: MrMVT@aol.com
Elayne Anderson, Global Team Billing Manager: elayne3333@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 debbiemadiou@gmail.com

Team is a Bargain! There is no doubt that joining the 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 the 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 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).

2026-2027 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 Xcel levels that normally workout fewer hours per week. 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.

New! Rostered Previous Season (RPS) Tuition Rates: *Gymnasts who were on the Twisters Competitive Team roster during the 2025-2026 Season, and who choose to train 16+ hours per week are eligible for a retention discount aka the RPS (Rostered Previous Season) Tuition Rate. RPS tuition rates are listed in the chart below. Any gymnast who transferred from another club will be eligible for the RPS rate in June 2027 (after their first season as a Twister).*

Hours per week	Approx. hrs per month	Monthly Tuition	Approx. cost per hour	RPS Rates if applicable*	RPS cost per hour
1	4	267	66.75	n/a	n/a
3	12	527	43.82	n/a	n/a
4	16	617	38.56	n/a	n/a
6	24	663	27.63	n/a	n/a
9	36	737	20.47	n/a	n/a
10.5	42	787	18.74	n/a	n/a
13.5	54	927	17.16	n/a	n/a
14	56	947	16.91	n/a	n/a
16	64	1152	18.00	987	15.42
17.5	70	1260	18.00	1037	14.81
21.5	86	1419	16.50	1147	13.34
26	104	1664	16.00	1327	12.75

Choreography & Private Lessons (effective until 12/31/26):

All choreography is scheduled in groups of 2+ unless otherwise noted. Floor choreography pricing does not include music selection (unless otherwise noted); all music is purchased separately.

- Floor Clean ups: $300
- Level 6 Floor: $300
- Level 7 Floor: $500
- Levels 8-10 Floor: $750
- Levels 8-10 Floor Private: $1000
- Levels 8-10 Beam Choreography: $250 (this option is not required)
- Levels 8-10 Choreography Package: $1200 (includes private/one-on-one floor and beam choreography, as well music selection)
- Private Lessons: Please speak to our front desk for current pricing and package discounts.

TEAM TWISTERS PARENT AND ATHLETE CONTRACT

Contract Date_____

I/we have read and accept the Team Twisters information and policies included in the attached Training Packet. I/we agree to support team activities as outlined, and fulfill all obligations thereof.

_____ has my/our consent and permission to participate in the Team Twisters program for the 2026-2027 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, 2027. 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 Twisters 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) $_____

For Level: _____ For # of Hours/week: _____

Annual Team Registration Fee: Check One:

☐ Xcel Copper: No Fee

☐ Xcel Bronze/Xcel Silver: $264 (due 09/11/26)

☐ Level 6-10 and Xcel Gold/Xcel Platinum/Xcel Diamond: $315 (due 09/11/26)

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 09/11/26

☐ My daughter is a Copper, this does not apply

I, _____, hereby authorize Team Twisters to charge my credit card below for my child/children's monthly tuition for Team 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: _____ Credit Card # _____

Exp: _____ Billing Zip: _____

Name on card: _____

Signature: _____ Date: _____ Phone: _____

Team Twisters Registration Form

Gymnast's Name: _____ Level _____

Birth date: _____ Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent 1: _____ Place of Employment:_____ Phone:_____

Parent 2: _____ Place of Employment:_____ Phone:_____

Gymnast's 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. and/or Twisters Boynton Beach LLC (TGBR/AT/TBB). 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/TBB 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/TBB, 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/TBB. 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/TBB. I understand and agree that in the interest of safety and enjoyment for all, TGBR/AT/TBB 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/TBB, fees are not refunded. I also understand that TGBR/AT/TBB retains the rights to use 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_____

MEDICAL TREATMENT RELEASE FORM

Every year each team member must have an updated "Medical Treatment Release Form" filled out. These forms allow coaches, instructors, and staff members to authorize ANY medical emergency treatment.

I, _____, do hereby grant permission for my child, _____, to travel and participate in competitions, exhibitions, practices, tours, and/or activities with 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 Twisters, along with the employees, agents, officers, 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: _____

Gymnast's Signature: _____ 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 #: _____