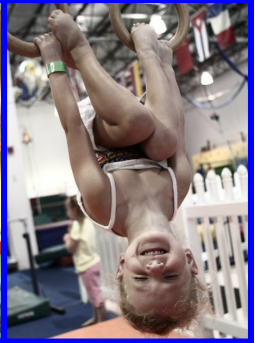
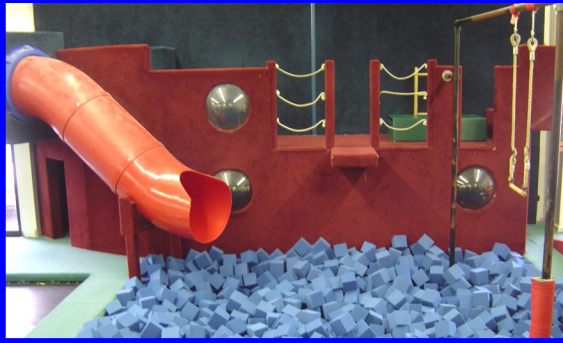


FAMILY NAME:

CAMP TWISTERS

School Year 2017-2018



At Twister's we realize you have many choices when it comes to finding the best camp for your child. We thank you for choosing Twisters for your child's fun and exciting camp experience! Our professional and safety certified staff will lead your children in games, organized activities, arts & crafts, and supervised play in our fun, clean, safe, and fully air conditioned 15,000 square foot facility!

While at Camp Twisters it's important to us that your children have the best possible experience. Please let us know if you have any special requests that could make your child's day extra special. For example does he or she have any friends or siblings attending camp that they would prefer to be grouped with? Or if your child is shy and has trouble making new friends, let us know and we'll be sure to help! If you have any questions please don't hesitate to call our customer service team at **954-725-9199**.

Thanks for choosing American Twisters!

School Year Camp Schedule

The dates Twister's is able to offer school year camps were determined by using the school closing dates published on the 2017-2018 Broward County School District

Calendar. In the event of a hurricane that requires school closings, Twister Gymnastics will make reasonable efforts to offer Hurricane Camp at our facility. Also, events causing PBC student to use Emergency Make-up Days (EMD) may effect our ability to offer camp on that day. In the event we are no longer able to offer a camp due to an EMD, all pre-registered campers will receive a full refund or account credit for that day.

Sample Camp Schedule (Daily)

8:30: Welcome to camp! Free play!
9:00: Divide into groups/warm Up
9:30: Organized games & activities
10:00: Snack time
10:30: Arts & crafts
11:00: Gymnastics instruction
12:00: Lunch time
12:30: Pick up for session one
12:30: Group games
1:00: Movie time/quiet time
2:00: Gymnastics/sports rotations
3:00: Rotations around the gym
Pick up for session two
4:00: Group games
4:30: Snack time/movie time/quiet time
5:30: Free play
6:00: Camp ends, pick up for session three

PRICING & POLICIES

ENROLLMENT FEE-

\$27/one child, \$47/family
Enrollment fee entitles child(ren) to one year of membership from date paid.

Daily Rates:

8:30-12:30: \$63 - 8:30-3:00: \$83 - 8:30-6:00: \$93
10% Sibling Discount

Weekly Rates:

8:30-12:30: \$273- 8:30-3:00: \$357 - 8:30-6:00: \$413
10% Sibling Discount

*Ages: 3-12 years old (8:30-12:30 & 8:30-3:00)
5-12 years old (All Sessions)*

Add Ons: Camp Lunch: \$7.00 (Menu posted daily)

*Payment Policy: No child will be enrolled without payment.
Camp is payable by cash or credit card only.
Checks will not be accepted.*

Make-Ups: Days missed during a camp week cannot be made up during another camp week. Weeks missed cannot be substituted for later weeks.

Members: Premier Pass, Silver, & Gold Members save 10% off regular camp rates! Silver & Gold Members may use camp credits toward all camps!



American Twisters Camp Registration Form, School Year 17-18

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: _____ Emergency Contact 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: American Twisters 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.

_____ (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 # _____

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: _____

American Twisters Camp Registration Form, School Year 17-18

Please select your children's camp dates below:

Fall Celebration Camps

Thursday, September 21st, 2017

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

Total Due: \$_____

Friday, October 20th, 2017

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

Total Due: \$_____

Friday, November 10th, 2017

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

Total Due: \$_____

Thanksgiving Camp

Wednesday, November 22nd, 2017

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

Total Due: \$_____

Friday, November 24th, 2017

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

Total Due: \$_____

Holiday Camp

Tuesday, December 26th, 2017

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

Total Due: \$_____

Wednesday, December 27th 2017

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

Total Due: \$_____

Thursday, December 28th, 2017

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

Total Due: \$_____

Friday, December 29th, 2017

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

Total Due: \$_____

New Years Camp

Tuesday, January 2nd, 2018

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

Total Due: \$_____

Wednesday, January 3rd, 2018

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

Total Due: \$_____

Thursday, January 4th 2018

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

Total Due: \$_____

Friday, January 5th 2018

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

Total Due: \$_____

Monday, January 8th 2018

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

Total Due: \$_____

MLK Day Camp

Monday, January 15th, 2018

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

Total Due: \$_____

President's Day Camp

Monday, February 19th, 2018

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

Total Due: \$_____

Spring Break Camp

Friday, March 23rd, 2018

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

Total Due: \$_____

Monday, March 26th, 2018

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

Total Due: \$_____

Tuesday, March 27th, 2018

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

Total Due: \$_____

Wednesday, March 28th, 2018

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

Total Due: \$_____

Thursday, March 29th, 2018

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

Total Due: \$_____

Friday, March 30th, 2018

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

Total Due: \$_____

May Day Camp

Friday, May 25th, 2018

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

Total Due: \$_____

SCHOOL YEAR CAMP CREDIT CARD AUTHORIZATION FORM

Payment Information: Camp fees must be pre-paid or paid at drop off for each day/week your child is scheduled to attend.

Please understand that your child will not be allowed to participate with any outstanding balances. In order to avoid this situation, you may authorize use of a credit card for our office to pay off your daily/weekly camp fees.

Thank you.

Credit Card #: _____ Exp: _____ Zip Code _____

Name on card: _____

Signature: _____

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. We reserve the right to cancel classes, events or sessions if we do not have a sufficient enrollment.

PLEASE NOTE: Camp is payable by cash or credit card only.

Checks will not be accepted.

CAMP IS NON-REFUNDABLE.

Premier Pass, Silver, & Gold Members save 10% off regular camp rates!

Silver & Gold Members may use camp session credits toward this camp!

