

American Twisters Membership Selection Form

2017-2018 updated 7/12/17

Choose Your Membership in 3 Easy Steps!

1. Choose your intensity

- 1st Class**
One class per week
- 2nd Class 25% off**
Two classes per week (same child)
- 3rd Class 30% off**
Three classes per week (same child)

2. Choose your time

- Primetime (standard rates):**
Monday-Friday 3:30,4:35, 5:45 6:45
& Saturday mornings
Siblings 10% off
- Early bird (discounted rates):**
Monday-Friday 9:30am-2:30pm

3. Choose your benefits

- Silver Medal (included):**
10% off each additional child*
Up to one camp session credit per month**
10% off Camp Twisters
10% off select Pro-Shop Items
\$100 off your birthday party
Continuous Enrollment
4th Child is FREE

- Gold Medal (upgrade for
\$50/\$25 child/month):**
All Silver Medal benefits PLUS
unlimited Open Gym

+Primetime classes receive 1 camp
credit session per month.
**Early Bird
receive 1/2 a camp session credit per
month.

Parent/Guardian Information:

Last Name: _____, First Name: _____
Address: _____ City: _____
Zip: _____ Phone: _____ Cell/Work: _____
Email: _____
How did you hear about American Twisters? _____

1st Child:

_____ Last Name First Name
_____ Sex Date of Birth School he/she attends

Intensity 1:

_____ 1st Class Day Time

Intensity 2 only:

_____ 2nd Class Day Time

Membership Selection: Silver (included) Gold (upgrade)

Monthly Tuition for 1st Child: _____

2nd Child:

_____ Last Name First Name
_____ Sex Date of Birth School he/she attends

Intensity 1:

_____ 1st Class Day Time

Intensity 2 only:

_____ 2nd Class Day Time

Membership Selection: Silver (included) Gold (upgrade)

Monthly Tuition for 2nd Child: _____

3rd Child:

_____ Last Name First Name
_____ Sex Date of Birth School he/she attends

Intensity 1:

_____ 1st Class Day Time

Intensity 2 only:

_____ 2nd Class Day Time

Membership Selection: Silver (included) Gold (upgrade)

Monthly Tuition for 3rd Child: _____



American Twister's Membership Selection Form 7/12/17

Credit Card Authorization

Date of Enrollment: _____

1st month's pro-rated amount: \$_____

Annual Membership Fee \$_____/Year

1st Child: \$_____/Month

2nd Child: \$_____/Month

3rd Child: \$_____/Month

4th Child: \$_____/Month

ACCOUNT NAME: _____

Congratulations for making an investment in your family's fun and fitness!

Money Back Guarantee: Twisters offers a two week money back guarantee if we have not met your expectations. Your first month's tuition and membership fee will be refunded, no questions asked.

Cancellation Policy: You may cancel your membership by providing Twister Gymnastics 30 days written notice in advance of the next billing date, by completing the Notification of Withdrawal Form. Membership benefits are forfeited upon cancellation. **Membership must be active and in good standing in order to use benefits.**

Annual Membership Fee: Twisters charges an annual membership fee due on the anniversary of your membership each year. By initialing below, you consent to an automatic renewal each year until you choose to discontinue your membership.

Make Up Policy: A student can do a make up for up to 2 missed classes per month within the billing period. To schedule a make up class please call the office after the class has been missed.

Initial: _____ Date: _____

I, _____, hereby authorize American Twisters to charge my credit card below for my child/children's monthly membership at American Twisters. I understand that my card will be charged the Total Monthly Charge shown above on or around the 10th of each month, from this month forward, unless there is a change to my membership or I decide to cancel. I understand that cancellation of my membership requires 30 days written notice.

Credit Card Type: _____ #: _____ Exp: _____

Name on Card: _____ Signature: _____ Date: _____ Zip Code _____

FOR OFFICE USE ONLY Put in EMF _____ Put in Silver _____ Billing Entered _____

2017-2018 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 _____

Family Medical Insurance Provider: _____