

Dear Xcel Parents and Athletes,

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

The Twister team handbooks along with the attached School Year Training Packet are designed to educate families about the Twister team program and to help prepare everyone for the upcoming season. *The Competition Season Packet* (including all schedules and fees) will be posted online by October 1st. Please read all the information carefully and let Sara Kelly, Xcel Head Coach, know if you have any questions or concerns. In order to communicate efficiently and effectively, it is best to e-mail (sarabkelly@gmail.com), since reaching parents and coaches by phone can be difficult at times and e-mail is more time-flexible.

The attached School Year Training packet contains the following:

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

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: (otherwise please email) *American Twisters Coconut Creek:* 954-725-9199

If you have any questions, please contact Sara Kelly via email at sarabkelly@gmail.com.

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

Sincerely,

Team Twisters

2018-2019 American Twisters Team School Year Schedule & Selection Form: Xcel Program

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Gymnast's Name: _	Parent's	s Email:

Choose your start time: Please place a check mark in the ✓ column next to your daughter's workout selection and kindly return this form to our office by <u>July 25th, 2018</u>.

Intensity Category	√	Total Hrs/Wk	Mon	Tues	Wed	Thurs	Fri	Sat	Monthly Tuition
Xcel Bronze		5 hrs	4:00-6:30	Make Up 4:00-6:30	4:00-6:30	Off	Off	Off	390
Xcel Bronze Plus		7.5 hrs	4:00-6:30	Make Up 4:00-6:30	4:00-6:30	Off	4:00-6:30	Off	452
Xcel Silver		5 hrs	6:00-8:30	Off	6:00-8:30	Make Up 6:00-8:30	Off	Off	390
Xcel Silver Plus		7.5 hrs	6:00-8:30	Off	6:00-8:30	Make Up 6:00-8:30	6:00-8:30	Off	452
Xcel Gold		12 hrs	Make up 4:30-8:30	4:30-8:30	Off	4:30-8:30	4:30-8:30	Off	527
Xcel Platinum		16 hrs	Make Up 4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	Off	610

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 cancelations of practice. (We always offer more practice days & longer workouts over extended school holidays).

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).

2018-2019 Tuition Schedule

(June 2018-May 2019)

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. In the past year, we have experienced 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	147	36.75
3	12	289	24.08
4	16	367	22.94
6	24	421	17.54
9	36	478	13.28
10.5	42	510	12.14
12	48	527	10.98
14	56	592	10.57
15	60	596	9.93
17.5	70	629	8.98
20	80	664	8.30
22	88	706	8.02
25	100	737	7.37
31	124	795	6.41

^{*}Tuition Rates Effective June 2018 – May 2019.

TEAM TWISTERS PARENT AND ATHLETE CONTRACT

Please return the signed contract to the front office, where it will be added to the gymnast's file. A copy will be furnished to the Parent upon request.

Team Twisters Credit Card Authorization

It is **mandatory** that each team member fill out the form below and return to the office. If you have any questions, please feel free to call the Team Billing Manager. This form will be updated annually. Thank you.

Athlete Name(s)				
Total Monthly Tuition Charg	ge(s) \$			
Check One: XB & XS Level(s) Annual Team Registration Fee: \$140 (pay by 09/12/18) XG & XP Level(s) Annual Team Registration Fee: \$175 (pay by 09/12/18)				
Payment Method: Check One: Please charge this fee to my coor Or I will provide alternate payments	ard on file ent for this fee to the front office by the due date above			
Team Credit Card Authorization:				
fees are due on or before the due date(s) and A balance. It is further understood and mutually	orize American Twisters to charge my credit card below herican Twisters competitive team. I understand that all American Twisters will charge my card for the total agreed that I will provide 30 days written notice prior to rogram. Any dispute arising from these charges will be			
Credit Card Type:#:	Exp:Billing Zip:			
Name on card:	Signature:			
Date: Phon	e			
Athlete Name(s)				
Total Monthly Tuition Charge	(s) \$			

Team Twisters Registration Form

Gymnast's Name:	LEVEL				
Birth date:	_ Phone:	*En	nail:		
Address:					
City:	Sta	ate:	Zip:		
Father's Name:	Place	e of Employme	nt:	P	none:
Mother's Name:	Place	e of Employme	nt:	P	hone:
School:		_ Dismissal Ti	me:		
Doctor's Name:		Phone:			
Please answer the following Do you have accidental met Has your son/daughter had If yes, indicate the anatomit Is your son/daughter current. If so, in Is your son/daughter allerging If so, what medications:	dical insurance? any operations durincal site of operation atly on prescribed medicate name of drug to any general me	and date:edications or do and how it is pedications?	rugs on a permanorescribed:	ent or semi-per	manent basis?
If so needed, your son/daug Date of the most recent teta Has your son/daughter had If yes, indicate the sight of Has your son/daughter ever Has your son/daughter ever accompanying the injury?	anus immunization: any fractures during fracture and date: _ had an injury to his experienced a strain	g the past two y s/her back? n to either knee	e during the past t		_ _
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					
Parent/Guardian's Signatur	e			Date	

*Please make sure to fill this form out completely. Include any and 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.

and participate in competitions, exhibitior	ns, practices, tours, and/or acts. I not only grant permiss	child,, to travel etivities with Twister Gymnastics & American ion for, but also encourage ANY necessary ng these activities.
paralysis, and even death, as well as other further agree that Twister Gymnastics & A	damages and losses, associ American Twisters, along w	e risks, including the risk of catastrophic injury, ated with participation in a gymnastics event. I ith the employees, agents, officer, and directors curring as a result of my participation in the
Gymnast's Name:		
Gymnast's Signature:		Date:
If the athlete is under the age of 18:		
As the legal parent and/or guardian forfully understand and accept each of the ab	pove conditions for permitting	, I do hereby verify that I ng my child to participate in gymnastics.
Parent's Name:		
Parent's Signature:		Date:
Parent's Home Phone #:		
STATE OF FLORIDA		
COUNTY OF		
Before me personally appeared	ing instrument and acknowl	ll known and known to me to be the person edged to and before me that purpose therein expressed.
	WITNESS my hand and	
day of	A.D., 20	
		Notary Public
		State of Florida
		My commission expires

^{*}Please note: Twister's Team Billing Manager, Elayne Anderson is a Notary and will notarize this form for you at no cost. Please see her when turning in this form if needed.

Exiting the Team Program

My child came home from practice and said "I want to quit!"...Now what?

Children have a variety of reasons for wanting to quit an activity in which they are involved. Sometimes quitting may be the right choice. Other times "sticking it out" may be the right option. Unfortunately, it's not always immediately obvious which choice is best for your child. The first step is to determine your child's reason for wanting to quit.

A lot of times wanting to quit is merely a symptom of a problem that your child is having at the gym. Ask your child to name three reasons why she wants to quit. Below are some answers you may hear and some suggestions on how to respond.

1. I am afraid of a trick

- Ask questions to identify the source of the fear. (It could be seeing another gymnast fall, fear of injury..etc)
- Ask your child if they would still want to do gymnastics if they no longer had to practice the skill. His/her answer will give you insight into their true feelings towards quitting.
- 2. My friends moved up to the next level (or are in a different group then me); I'm not as good as them.
 - Explain to your child that it takes time and practice to become a good gymnast and that everyone progresses at a different rate.
 - Ask your child what he or she loves about gymnastics. If he/she is able to identify several positive feelings towards the sport, they should be able to work past being separated from their friends
- 3. I am not having fun anymore
 - Often kids want to try gymnastics because they enjoy watching it on TV and enjoy flipping around with friends at the park. Once they begin competitive gymnastics, they may find that it is harder than they thought it would be.
 - They may find that the stretching and the conditioning that it takes to become a great gymnast is not worth it.
 - Ask your child if there is a particular part of gymnastics that is still fun for them.
- 4. Gymnastics takes up too much time/I want to try other sports
 - Gymnastics isn't for everyone. Some kids prefer team sports such as baseball, soccer, or softball. Others prefer individual sports such as golf, swimming or tennis.
 - Analyze your child's strengths and weaknesses, the things your child enjoys or avoids. You may have
 done gymnastics all through your childhood, but if your child is drawn to another sport, open your
 heart and mind to support the sport that your child chooses.
 - Many children are under the misconception that if they quit gymnastics they will have extra time to hang out at the mall, play on the computer, or talk on the phone. Address some of these issues so he/she is not surprised that during the time that used to be spent at gymnastics is now spent doing other productive activities such as cleaning the house or helping to prepare dinner!

Email your daughter's Head Coach and/or our Team Coordinator and let them know about your child's fears and/or feelings. Many times these feelings can be resolved easily with no further complications. Once you make the coaches aware of the situation they may be able to control the training and environment more to the athletes liking and renewed enjoyment of the sport.

After a brief adjustment period, if the child still wants to quit, it is time to make an agreement that he/she must continue to do his/her best for a set amount of time (i.e. finish the season). At the end of that time period, your child will then be able to make a better decision about quitting (or retiring.) If the decision is made to retire, make sure that you and your child have an action plan of what activity they will take up next. It is also a good requirement for them to bring closure to the situation and not to "burn bridges." There have been hundreds of cases in the American Twister organization where the child has "quit" and then two months later desires to come back. If the final decision is to quit Twisters, it is important to have a meeting with parent, child and coach to go over this decision and leave the organization on good terms.