

American Twisters Membership Selection Form

2019-2020

Choose Your Membership in 3 Easy Steps!

1. Choose your intensity:

1st Class

One class per week

2nd Class 25% off class rate:

Two classes per week (same child)

3rd Class 30% off class rate:

Three classes per week (same child)
+ UNLIMITED FREE OPEN GYM!

2. Choose your time

Primetime

(standard rates):

Monday-Friday after 3pm
and Weekends
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**
- 10% off regular Camp Twisters & Twisters Fun Day Rates
- 10% off select Pro-Shop Items
- \$100 off your birthday party
 - Continuous Enrollment
 - 4th Child is FREE

Gold Medal (upgrade for \$55 grade school or \$25 preschool per child per month):

All Silver Medal benefits PLUS unlimited Open Gym

*Benefits are subject to change.

** Additional discounts will not be applied to Early bird class rates.

Parent/Guardian Information:

Last Name: _____, First Name: _____

Address: _____ City: _____

Zip: _____ Phone #1: _____ Phone #2: _____

Email: _____

Emergency contact other than yourself: _____

How did you hear about Twisters? _____

1st Child:

Last Name _____ First Name _____ Sex _____ D.O.B. _____

Intensity 1:

1st Class _____ Day _____ Time _____

Intensity 2:

2nd Class _____ Day _____ Time _____

Intensity 3:

3rd Class _____ Day _____ Time _____

Membership Selection: **Silver (Included)** **Gold (Upgrade)**

Monthly Tuition for 1st Child: _____

2nd Child:

Last Name _____ First Name _____ Sex _____ D.O.B. _____

Intensity 1:

1st Class _____ Day _____ Time _____

Intensity 2:

2nd Class _____ Day _____ Time _____

Intensity 3:

3rd Class _____ Day _____ Time _____

Membership Selection: **Silver (Included)** **Gold (Upgrade)**

Monthly Tuition for 1st Child: _____

3rd Child:

Last Name _____ First Name _____ Sex _____ D.O.B. _____

Intensity 1:

1st Class _____ Day _____ Time _____

Intensity 2:

2nd Class _____ Day _____ Time _____

Intensity 3:

3rd Class _____ Day _____ Time _____

Membership Selection: **Silver (Included)** **Gold (Upgrade)**

Monthly Tuition for 3rd Child: _____

4th Child:

Last Name _____ First Name _____ Sex _____ D.O.B. _____

Intensity 1:

1st Class _____ Day _____ Time _____

Intensity 2:

2nd Class _____ Day _____ Time _____

Membership Selection: **Silver (Included)** **Gold (Upgrade)**

Monthly Tuition for 4th Child: **FREE!**



American Twisters Membership Selection Form

Credit Card Authorization

ACCOUNT NAME: _____

Date of Enrollment: _____

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

Membership Fee :

Date paid: _____ Amount \$ _____

Due Not Due

1st Child: \$ _____/Month

2nd Child: \$ _____/Month

3rd Child: \$ _____/Month

4th Child: \$ _____/Month

Total Monthly Charges: \$ _____

Congratulations for making an investment in your family's fun and fitness with an American Twisters Membership Plan!

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 American Twisters 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.**

Membership Fee: We charge a one-time membership fee. You will not pay that fee again until your account remains inactive for one year. If you choose to come back after that inactive year, your membership fee will be due again.

Reschedule Classes: A student can reschedule a missed class if they cannot make their class. If you miss a class we request you reschedule a class within 2 months.

Class Placement: Your child's class placement may be adjusted based on performance or attendance at any time at the discretion of your child's instructor for the benefit and success of your gymnast.

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 #: _____ Exp: _____ Billing Zip Code: _____

Name on Card: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY: EMF _____ Silver _____ Billing Entered _____ Added to Roster _____ Initial _____

2019-2020 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 _____