



Dear Team Parents,

The staff and coaches of American Twisters are very optimistic about the upcoming school year and a new competitive season. We will all be working together 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. ***The Competition Season Packet*** (including the Competition Schedules and fees) will be posted online for Levels 1-5 by the end of August and for all other levels by the middle of October. Please read all the information carefully and let your Head Coach know if you have any questions or concerns. In order to communicate efficiently and effectively, it is best to e-mail your Head Coach since reaching parents and coaches by phone can be difficult at times and e-mail is more time-flexible. The email address of each Head Coach can be found on the signature line below.

This packet contains the following:

- 1. School Year Workout Schedule Selection Form: Compulsory Levels 1-5**
- 2. School Year Workout Schedule Selection Form: All Xcel Levels**
- 3. School Year Workout Schedule Selection Form: Optional Levels 6-10**
- 4. Tuition Fees and Policies**
- 5. Tuition Schedule**
- 6. Parent/Athlete Contract**
- 7. Team Credit Card Authorization Form**
- 8. Team Registration Form**
- 9. Team Medical Release Form**
- 10. Doing My Part- Twisters Covid-19 Agreement**
- 11. How to Exit the Team Program**

PLEASE RETURN ALL FORMS BY AUGUST 10TH

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

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

Sincerely,

Your Head Coaches and the American Twisters Family

Erin Hall, Compulsory Head Coach: gymcoach84@gmail.com

Cindy Keck, Xcel Head Coach: cbkeck1@aol.com

Christina Ramirez, Optional Head Coach: TwisterscoachChristy@gmail.com

2020-2021 American Twisters Compulsory Team School Year Schedule & Selection Form

Schedule begins August 17, 2020

Gymnast's Name: _____

Parent's Email: _____

Please circle your preferred workout intensity and kindly return this form to both Elayne (elayne3333@aol.com) and Erin (gymcoach84@gmail.com) by 8/10/20.

Intensity Categories	Circle Intensity Desired	Total Hrs/wk	Mon	Tues	Wed	Thurs	Fri	Sat	Monthly Tuition
Level 1: Those who have earned 15-24 points on the PA test and have passed the level 1 skill verification.	2 days	6		3:30-6:30		3:30-6:30		Make up: 11:30-2:30	\$447
	3 days	9		3:30-6:30		3:30-6:30		ATP: 9:00-12:00	\$510
Level 2: Those who have earned at least 25 points on the PA test and have passed the level 2 skill verification.	3 days	9		3:30-6:30		3:30-6:30	3:30-6:30	Make up: 11:30-2:30	\$510
	4 days	12		3:30-6:30		3:30-6:30	3:30-6:30	ATP: 9:00-12:00	\$561
Level 3: Those who have earned at least 35 points on the PA test and have passed the level 3 skill verification .	3 days	10.5	3:30-7:00		3:30-7:00		3:30-7:00	Make up: 11:30-2:30	\$541
	4 days	13.5	3:30-7:00		3:30-7:00		3:30-7:00	ATP: 9:00-12:00	\$617
Level 4: Those who have earned at least 45 points on the PA test and have passed the level 4 skill verification.	4 days	16	4:30-8:30	4:30-8:30	4:30-8:30	Make up 4:30-8:30	4:30-8:30		\$648
	5 days	20	4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	Make up 11:30-2:30	\$710
Level 5: Those who have earned at least 55 points on the PA test and have passed the level 5 skill verification.	4 days	16	4:30-8:30	Make up 4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30		\$648
	5 days	20	4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	Make up 11:30-2:30	\$710

What is the ATP Workout? The ATP (Advanced Training Program) is a workout designed to give the girls in levels 1-3 and Xcel Bronze and Silver an extra day to work on their strength, flexibility, air sense, and upper level skills. ALL girls in these levels can benefit from the ATP. These workouts are completely independent of the "competitive" USAG "levels" structure. This program is a no-nonsense, physically demanding workout and both active participation and good attitudes are required. As long as the athlete tries and gives 100% effort and attention, they will see improvements in their strength and flexibility as a result of this program. The program will run from August until the end of May with a focus on helping participants to become stronger and more flexible, making their competitive gymnastics much better. Level 1-3 and XB/XS girls may join the ATP on a monthly basis. If they find it's too difficult for them, they may simply drop from the ATP the following month. Anyone leaving the program more than once, however, will not be invited back until the next year. This program will be set up to keep the athletes with their peers and increase their chances to experience success at their age appropriate levels. This program provides them with extra gymnastic opportunities to expand their strength, flexibility and skill base beyond the compulsory routine restrictions during the challenging and demanding ATP training days.

2020-2021 American Twisters Xcel Team School Year Schedule & Selection Form

Schedule begins August 17, 2020

Gymnast's Name: _____ Parent's Email: _____

Please check off your preferred workout intensity and kindly return this form to both Elayne (elayne3333@aol.com) and Cindy (cbkeck1@aol.com) by 8/10/20.

Level	Days + Hours per week	Select your Intensity	Mon	Tues	Wed	Thurs	Fri	Sat	Monthly Tuition
Xcel Bronze & Xcel Silver	2 days; 5 hrs	<input type="checkbox"/>	3:30-6:00	X	3:30-6:00	X	X	X	\$415
		<input type="checkbox"/>	X	6:00-8:30	X	6:00-8:30	X	X	
	3 days; 7.5-8 hrs	<input type="checkbox"/>	X	6:00-8:30	3:30-6:00	6:00-8:30	X	X	\$502
		<input type="checkbox"/>	3:30-6:00	X	3:30-6:00	X	X	ATP: 9:00-12:00	
		<input type="checkbox"/>	X	6:00-8:30	X	6:00-8:30	X	ATP: 9:00-12:00	
	4 days; 10-10.5 hrs	<input type="checkbox"/>	3:30-6:00	6:00-8:30	3:30-6:00	6:00-8:30	X	X	\$541
<input type="checkbox"/>		X	6:00-8:30	3:30-6:00	6:00-8:30	X	ATP: 9:00-12:00		
5 days; 13 hrs	<input type="checkbox"/>	3:30-6:00	6:00-8:30	3:30-6:00	6:00-8:30	X	ATP: 9:00-12:00	\$617	
Xcel Gold	3 days; 12 hrs	<input type="checkbox"/>	X	4:30-8:30	Make up 4:30-8:30	4:30-8:30	4:30-8:30	X	\$561
	4 days; 16 hrs	<input type="checkbox"/>	4:30-8:30	4:30-8:30	4:30-8:30	Make up 4:30-8:30	4:30-8:30	X	\$648
	5 days; 20 hrs	<input type="checkbox"/>	4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	X	\$710
Xcel Platinum	4 days; 16 hrs	<input type="checkbox"/>	4:30-8:30	Make up 4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	X	\$648
	5 days; 20 hrs	<input type="checkbox"/>	4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	4:30-8:30	X	\$710

Please note: All XB & XS gymnasts are offered a Make up on Saturdays from 12:00-2:30

What is the ATP Workout? The ATP (Advanced Training Program) is a workout designed to give the girls in levels 1-3 and Xcel Bronze and Xcel Silver an extra day to work on their strength, flexibility, air sense, and upper level skills. ALL girls in these levels can benefit from the ATP. These workouts are completely independent of the "competitive" USAG "levels" structure. This program is a no-nonsense, physically demanding workout and both active participation and good attitudes are required. As long as the athlete tries and gives 100% effort and attention, they will see improvements in their strength and flexibility as a result of this program. The program will run from August until the end of May with a focus on helping participants to become stronger and more flexible, making their competitive gymnastics much better. Level 1-3 and XB/XS girls may join the ATP on a monthly basis. If they find it's too difficult for them, they may simply drop from the ATP the following month. Anyone leaving the program more than once, however, will not be invited back until the next year. This program will be set up to keep the athletes with their peers and increase their chances to experience success at their age appropriate levels. This program provides them with extra gymnastic opportunities to expand their strength, flexibility and skill base beyond the compulsory routine restrictions during the challenging and demanding ATP training days.

2020-2021 American Twisters Optional Team School Year Schedule & Selection Form

Schedule begins August 17th, 2020

Gymnast's Name: _____

Parent's Email: _____

Please circle your preferred workout intensity and kindly return this form to Elayne (elayne3333@aol.com) and Christy (TwisterscoachChristy@gmail.com) by 8/10/20

Intensity Categories	Circle Your Intensity	Total Hrs/wk	Mon	Tues	Wed	Thurs	Fri	Sat	Monthly Tuition
Optional Training Program (OTP): OTP High and OTP Medium Intensities are open for ALL in Levels 6-9; OTP Low Intensity is only open for 6 and 7's	High	27	3:30-8:00	3:30-8:00	3:30-8:00	3:30-8:00	3:30-8:00	10:00-2:30	\$808
	Medium	22.5	3:30-8:00	3:30-8:00	OFF	3:30-8:00	3:30-8:00	10:00-2:30	\$766
	Low	18	3:30-8:00	OFF	3:30-8:00	OFF	3:30-8:00	10:00-2:30	\$672
Advanced Optional Training Program (AOTP): Current Level 10's	High	27.5	1:00-5:30	1:00-5:30	1:00-5:30	1:00-5:30	1:00-5:30	8:00-1:00	\$816
			1:30-6:00	1:30-6:00	1:30-6:00	1:30-6:00	1:30-6:00		
			2:30-7:00	2:30-7:00	2:30-7:00	2:30-7:00	2:30-7:00		
			3:30-8:00	3:30-8:00	3:30-8:00	3:30-8:00	3:30-8:00		

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 cancellations 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).

2020-2021 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 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. 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.

Hours per week	Approx. hours per month	Monthly Tuition	Approx. cost per hour
1	4	155	38.75
3	12	321	26.75
4	16	389	24.31
6	24	447	18.63
9	36	510	14.16
12	48	561	11.69
16	64	648	10.12
18	72	672	9.33
20	80	710	8.87
25	100	790	7.90
27.5	110	816	7.42

TEAM TWISTERS PARENT AND ATHLETE CONTRACT

Contract Date _____

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

_____ has my/our consent and permission to participate in the Twisters team program for the 2020-2021 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, 2021. 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 Twister Competitive Program.

Gymnast _____ Parent _____

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 complete the form below and return to the office. 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) \$ _____

Annual Team Registration Fee: Check One:

- Level 1-5 and XB/XS: \$165 (due 09/16/20)
 Level 6-10 and XG/XP/XD: \$200 (due 09/16/20)

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 the due date above

Team Credit Card Authorization:

I, _____, hereby authorize American Twisters to charge my credit card below for my child/children's monthly tuition for American Twisters competitive team. I understand that all fees are due on or before the due date(s) and American 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: _____ #: _____ Exp: _____ Billing Zip: _____

Name on card: _____ Signature: _____

Date: _____ Phone _____

Athlete Name(s) _____

Total Monthly Tuition Charge(s) \$ _____

Team Twisters Registration Form

Gymnast's Name: _____ LEVEL _____

Birth date: _____ Phone: _____ *Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Place of Employment: _____ Phone: _____

Mother's Name: _____ Place of Employment: _____ Phone: _____

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. (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/Guardian's Signature _____ 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.

I, _____, do hereby grant permission for my child, _____, to travel and participate in competitions, exhibitions, practices, tours, and/or activities with Twister Gymnastics & American 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 Twister Gymnastics & American Twisters, along with the employees, agents, officer, and directors of these organizations shall not be liable for any losses or damages occurring as a result 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 #: _____

STATE OF FLORIDA

COUNTY OF _____

Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument and acknowledged to and before me that _____ executed said instrument for the purpose therein expressed.

WITNESS my hand and official seal, this

_____ 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.



Doing My Part to Keep Twisters Safe

I want to do my part to help American Twisters keep my child(ren), their classmates/teammates, the coaches/staff, other families, and everyone else at the gym as safe as possible during the COVID-19 pandemic. I have read, understood, and agree to the following policies and procedures.

**Note: Every family must have this agreement on file before a gymnast can participate in activities.*

I understand and agree that:

- All participants/members/staff/guests will have their temperature checked with a touchless thermometer prior to entering the facility and anyone with a temperature above 100.1 will not be permitted to enter.
- Only one parent or non-participating individual will be allowed to enter the building at the main entrance.
- I am aware that all individuals over the age of 2 are required to wear a mask at all times in our facility.
- I am aware that my child is required to wear a mask or facial covering during activities.
- I will support the social distancing standard of six to ten feet while in the gym.
- Competitive workouts and class start/end times will be staggered to ensure time for the gymnasts to get in and out of the gym safely, to provide time to wipe down the equipment, and for coaches/staff to thoroughly wash their hands.
- My gymnast will have regular opportunities to use the hand sanitizing stations available in all areas of the facility.
- My child will use the restroom and wash their hands thoroughly before leaving home and while at the gym as needed.
- I will have my child wash their hands and feet thoroughly upon arriving back home.
- I agree to keep my child home if they or anyone in my family is coughing, has a temperature over 100 degrees, or is exhibiting other COVID-19 symptoms.
- If my family goes on any international travel, I agree to not visit Twisters for 14 days from the time we return from international travel.
- I understand that these procedures will change and evolve over time and that I will follow any new standards required by the state of Florida and/or American Twisters.

I understand that the coaches, staff, and everyone at the gym will make a strong effort to maintain social distancing but that there will be times when incidental contact and less-than-prescribed physical distancing will occur. I am aware and agree that spotting is an essential part of training my gymnast in order to keep them safe and to prevent injury. I will allow my child to be spotted when spotting is necessary. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by American Twisters, knowing that it is impossible to keep them, myself, or anyone else who enters the gym completely safe from exposure to the COVID-19 virus. I accept that risk.

Name of Gymnast(s): _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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.

Many 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 than 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.