

2020-2021 Premier Membership Selection Form

American Twisters

Updated 10-22-20

Annual Membership Fee

\$27 Single / \$47 Family

Preschool Premier Pass Membership

\$87.00/month 1st child or
\$124.00/month family

Preschool Premier Benefits

Unlimited Access to Pre-School
Open Gym Sessions
Tuesday & Thursday 12:30-1:30
(Ages 5 and under with parent)
10% off Select Pro-Shop Items
25% off Birthday Party Deposit

Choose the Pre-School Premier Pass Below

- Pre-School Premier Single Pass
 Pre-School Premier Family Pass

Annual Membership Fee

\$27 Single / \$47 Family

Grade School Premier Pass Membership

\$87.00/month 1st child or
\$124.00/month family

Premier Pass Benefits

Unlimited Access to Grade School
Open Gym Sessions
Monday & Wednesday 7:00-8:00
(Ages 5-10; Grades K-5)
10% off Select Pro-Shop Items
25% off Birthday Party Deposits
10% off Camp Twisters

Choose the Grade School Premier Pass Below

- Grade School Premier Single
 Grade School Premier Family

Parent/Guardian Information:

Last Name: _____, First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile/Work Phone: _____ Email: _____

How did you hear about American Twisters? _____

1st Child

Last Name _____ First Name _____

Sex _____ Date of Birth _____

2nd Child

Last Name _____ First Name _____

Sex _____ Date of Birth _____

3rd Child

Last Name _____ First Name _____

Sex _____ Date of Birth _____

4th Child

Last Name _____ First Name _____

Sex _____ Date of Birth _____



American Twister's Premier Membership

Credit Card Authorization Form

Annual Membership Fees

This is a one time fee as long as you maintain membership. The membership fee is equal to the type of membership you choose, single or family.

Annual Membership Fee: \$27/\$47

Monthly Membership Fee: See the reverse to choose your monthly membership type and corresponding fee. Your monthly membership fee will be automatically charged to your credit

Congratulations for making an investment in your child/family's fun and fitness with a Premier Membership at American Twisters!

Annual Membership fee \$ _____

You chose the _____ Membership,

Your total monthly charges will be \$ _____ each month.

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. There is no fee to cancel membership. *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.*

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 the 10th of the month going forward, unless a change is made 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: _____

OPEN GYM RULES:: *No adults on gym equipment *No food or drink in the gym * No shoes or socks allowed * Adults must wear a mask at all times * Parent or guardian must accompany child at all times for preschool open gym * No cell phone usage in the gym *One at a time on the Trampoline and Tumble Trak *Children must go down the slide on your bottom, feet first *Do not throw or pick holes in foam *Please do not move any equipment unless approved by the Open Gym Leader

HAVE FUN!

_____ Initial

2020-2021 Participation Agreement Form

Acknowledgement of Risk and Waiver of Liability Please Read before signing!

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: _____