



Twisters Gymnastics - Adult Participant Registration Form

Participant	Sex	Birthdate
Street	City	Zip
Contact:		
1st Contact	Home Phone	Work Phone
2nd Contact	Home Phone	Work Phone
Medical:		
Physician	Hospital	Insurance
Medical Problems, Limitations, Allergies or Comments		

BY SIGNING BELOW, I acknowledge reading, understanding, and accepting the statements herein. AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER: I understand gymnastics and other sports activities involve risk and possible injury, even paralysis or death. I understand that it is my responsibility not to participate if I have any physical, emotional, or other problems that might compromise safe involvement. I understand that injuries can and do occur and that health insurance is a requirement. I understand that Twisters Gymnastics, Inc. does not carry medical insurance for participants and forever release the corporation, staff, owners, facility and equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses and/or other damages incurred by myself, or other family members while participating or visiting the facilities, parking area, or traveling to or at a related activity. AUTHORIZATION OF MEDICAL CARE: In case of illness or injury while with Twisters Gymnastics, Inc., the staff of Twisters may authorize medical care and treatment for the above named participant(s). I accept responsibility for all associated expenses. VALID DATES: These agreements, waivers, and authorizations will remain valid and in force as long as and whenever I or any family member participates in any activity at or with Twisters Gymnastics, Inc.

X _____ Date
 Participant

Fall 2010 Days/Times: *Session 1 - 9/14 to 11/4 Session 2 - 11/16 to 1/20/11*

Fun & Fit Gymnastics - Tues 6:30 - 8pm	\$100 - 8 Week session or \$55 per month
Fitness For All Ages - Thurs 6:45 - 7:30pm	\$50 - 8 week session or \$30 per month
Combo - Do both classes - 2X per week	\$125 - 8 week session or \$70 per month
Just Fitness - Both Classes 2X per week	\$90 - 8 week session or \$50 per month

Monthly Tuition will be due on the first class of the month for participation!

ATT	REC	CK #	APP
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OFFICE USE ONLY

Class _____

Tuition..... _____

Other Credit () _____

Adjusted Tuition..... _____

Total Due..... _____

Amount Enclosed..... _____

Account Balance: _____

Date _____ Ck # _____ Amt _____ Bal _____