

**TWISTERS GYMNASTICS, INC.  
Registration Form**

ATT	REC	CK#	APP
-----	-----	-----	-----

Semester: \_\_\_\_\_

OFFICE USE ONLY

Program: \_\_\_\_\_ Student: \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Program: \_\_\_\_\_ Sibling: \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

Days/Times: \_\_\_\_\_

TUITION: \_\_\_\_\_

Early registration disc: \_\_\_\_\_

Other credit ( ): \_\_\_\_\_

ADJUSTED TUITION: \_\_\_\_\_

Annual Reg. Fee: \_\_\_\_\_  
(Due in Sept. or when first registering)

TOTAL DUE: \_\_\_\_\_ = \$ \_\_\_\_\_

AMOUNT ENCLOSED: = \$ \_\_\_\_\_  
(Minimum \$25 non-refundable deposit)

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 as a parent not to let my child participate if he/she has 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 my child, 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., in case a parent cannot be reached, the staff of Twisters may authorize medical care and treatment for the above named participant(s). I accept responsibility for all associated expenses. PARENT RESPONSIBILITY TO SUPERVISE: When I visit Twisters Gymnastics I understand and accept the responsibility, and associated liability, of constantly supervising, controlling, and restricting activities as necessary to assure safety of the children I bring. PHOTOGRAPHS AND STATEMENTS: I authorize use of my child's visual image and statements in newsletters, posters, and other advertising. AGREEMENT TO PAY: I understand that there are no refunds or credits for missed or dropped classes once the session begins and that I am liable for the full semester's tuition even if only a partial payment has been made. I understand the minimum deposit to reserve class space is non-refundable. VALID DATES: These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child or any family member participates in any activity at or with Twisters Gymnastics, Inc.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Parent, Legal Guardian or Adult Participant  
\_\_\_\_\_  
New Student  
\_\_\_\_\_  
Returning Student

	STREET	CITY	ZIP	MEDICAL
CONTACT:	1st Parent or Contact	Home Phone	Work Phone	Ext. Physician: _____
	2nd Parent or Contact	Home Phone	Work Phone	Ext. Hospital: _____
	Emergency Contact	Home Phone	Work Phone	Ext. Insurance: _____

Comments: \_\_\_\_\_  
Medical Problems or Allergies