

**TWISTERS GYMNASTICS, INC.
Registration Form**

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OFFICE USE ONLY

Semester: _____

Program: _____ Student: _____

SEX AGE BIRTHDATE SCHOOL GRADE

Program: _____ Sibling: _____

SEX AGE BIRTHDATE SCHOOL GRADE

Days/Times: _____

TUITION: _____

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.

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)

X _____ Date _____
Parent, Legal Guardian or Adult Participant
New Student
Returning Student

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

Comments / Email: _____
Medical Problems or Allergies