

# 2010-2011 Premier Membership Selection Form

## American Twisters

*Updated July 29, 2010*

### Preschool Premier Pass Membership

\$37/month 1st child or  
\$77/month family

### Preschool Premier Plus

\$89.00/month 1st child  
\$149/month family

Includes unlimited open gym,  
Moms Morning Out Program 9-12 Fridays

### Preschool Premier Benefits

Unlimited Access to Pre-School Open Gym  
Sessions (ages 5 and under with parent)  
10% off Camp Twisters  
10% off Select Pro-Shop Items  
No Annual Fee

### Choose the Pre-School Premier Pass Below

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

### Grade School Premier Pass Membership

\$87/month 1st child or  
\$117/month family

### Premier Pass Benefits

Unlimited Access to Grade School Open  
Gym Sessions (Ages 5+)  
10% off Camp Twisters  
10% off Select Pro-Shop Items  
25% off Party Deposits



### NEW Grade School Open Gym

Tuesdays @ 6:45-7:45  
Thursdays @ 7:00-8:00

### Choose the Grade School Premier Pass Below

- Grade School Premier Single Pass
- Grade School Premier Family Pass

### 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

### Membership Fees

**Enrollment Fee:** This is a one time fee as long as you maintain membership. The fee is equal to one month's tuition of the membership type you choose.

**Annual Fee:** \$0

**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 card on the 10th of each month.

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

You chose the \_\_\_\_\_ Membership,

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

**Cancellation Policy:**

You must cancel your membership by providing Twister Gymnastics 30 days written notice. There is no fee to cancel membership. **Initial** \_\_\_\_\_

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 every month, from this month 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: \_\_\_\_\_

## 2010-2011 Participation Agreement Form

**Acknowledgement of Policies, Risk and Waiver of Liability - Read before signing!**

*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, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Twister Gymnastics Boca Raton, Inc. and/or American Twisters, Inc. (TGBR/AT) programs and accept all risks associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child 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 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 as a result of any injury sustained while participating at or for TGBR/AT. I also understand that TGBR/AT retains the rights to use any photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any legitimate purposes. I have read and understand this acknowledgment of policies, risk and waiver of liability and I voluntarily affix my name in agreement.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Medical Insurance Provider: \_\_\_\_\_