

American Twisters Membership Selection Form

School Year 2011-2012

Choose Your Membership in 3 Easy Steps!

1. Choose your intensity:

1st class:

One class per week

2nd class - 30% off:

Two classes per week (same child)

3rd class - 50% off!:

Three classes per week (same child)

2. Choose your time:

Primetime (standard rates):

Monday-Friday 3:30 & 4:35 pm
and Saturday mornings

Siblings 10% off

Early bird (discounted rates apply):

Monday-Friday 9:30 am-2:30 pm

Evening classes (discounted rates):

Monday-Thursday 5:45 & 6:45 pm

3. Choose your benefits:

Silver Medal (included):

10% off each additional child*

(Primetime only)

Up to one camp session credit per month*

\$100 off your birthday party

10% off Camp Twisters

10% off select Pro-Shop Items

4th Child is FREE

Gold Medal

(upgrade for \$20/child/month):

All Silver Medal benefits PLUS
unlimited Open Gym (a \$222 value)

*Early bird and evening classes receive 1 camp session credit every 2 months. Primetime classes receive 1 camp credit session per month.

Parent/Guardian Information:

Last Name: _____, First Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Cell/Work: _____

Email: _____

How did you hear about American Twisters? _____

1st Child:

_____ Last Name First Name

_____ Sex Date of Birth School he/she attends

Intensity 1:

_____ 1st Class Day Time

Intensity 2 only:

_____ 2nd Class Day Time

Membership Selection: Silver (included) Gold (upgrade)

Monthly Tuition for 1st Child: _____

2nd Child:

_____ Last Name First Name

_____ Sex Date of Birth School he/she attends

Intensity 1:

_____ 1st Class Day Time

Intensity 2 only:

_____ 2nd Class Day Time

Membership Selection: Silver (included) Gold (upgrade)

Monthly Tuition for 2nd Child: _____

3rd Child:

_____ Last Name First Name

_____ Sex Date of Birth School he/she attends

Intensity 1:

_____ 1st Class Day Time

Intensity 2 only:

_____ 2nd Class Day Time

Membership Selection: Silver (included) Gold (upgrade)



American Twister's Membership Selection Form

Credit Card Authorization

Date of Enrollment: _____

1st month's pro-rated amount: \$ _____

Annual Membership Fee \$ _____/Year

1st Child: \$ _____/Month

2nd Child: \$ _____/Month

3rd Child: \$ _____/Month

4th Child: \$ _____/Month

Total Monthly Charges: \$ _____

ACCOUNT NAME: _____

Congratulations for making an investment in your family's fun and fitness with an American Twisters Membership Plan!

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. Membership benefits are surrendered at time of withdrawal. Membership must be active and in good standing in order to use benefits. Members who re-enroll within 6 weeks will have camp credits reinstated.

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.

_____ (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 on or around the 10th of each month, from this month forward, unless there is a change 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: _____

2011-2012 Participation Agreement Form

Acknowledgement of Risk and Waiver of Liability Please Read Before Signing!

To the best of my knowledge, my child(ren) is now in good health and is physically capable of participating in the program(s) offered by 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, 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 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 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 have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.*

Parent's Signature _____ Date: _____

Medical Insurance Company: _____