



Dear Compulsory Level Parents and Athletes,

The staff and coaches of Twister Gymnastics are very excited about the upcoming school year and a new competitive season. We are proud at Twisters to not only have a great coaching staff, but also to have ***TWO*** of the highest rated judges in the state of Florida on our staff. We will all be working together to ensure each athlete is successful, while always respecting their individual talents and abilities.

The Twister team handbook along with the attached **2011-2012 School Year Training Packet** are designed to educate families about the Twister team program and to help prepare everyone for the upcoming season. By October, we will notify parents when the full competition schedule and fees are posted online. Please read all the information carefully and let Gary Anderson, competitive team coordinator, know if you have any questions or concerns. In order to communicate efficiently and effectively, it is best to e-mail, since reaching parents and coaches by phone can be difficult at times and e-mail is less intrusive.

The attached 2011-2012 Fall training packet contains the following: (PLEASE RETURN ALL FORMS BY THE DUE DATE LISTED BELOW!)

1. School year workout schedule selection and tuition (return to office 8/5-THIS IS A CRITICAL DEADLINE SO WE CAN CREATE A SUCCESSFUL STAFF SCHEDULE)

- 2. TOPs program information letter**
- 3. Parent/Athlete contract** (must be returned to office by 8/19)
- 4. Team credit card authorization form** (must be returned to office by 8/19)
- 5. Team registration form** (must be returned to office by 8/19)
- 6. Team medical release form** (must be returned to office by 8/19)
- 7. How to exit the team program**

To leave a message for a coach, please call the gym:

BOCA RATON LOCATION: 561-750-6001

COCONUT CREEK LOCATION: 954-725-9199

If you have any questions, need further clarification or wish to express any concerns, please contact Gary Anderson via email at MrMvt@aol.com. For tuition or account questions, please contact Debbie Madiou at DebMadiou@aol.com.

Thank you for your support of the program and for the privilege of working with such wonderful athletes!

Sincerely,

Team Twisters

School Year 2011-2012 COMPULSORY LEVELS TRAINING SCHEDULE

THIS FORM MUST BE TURNED INTO THE OFFICE BY FRI, 8/5 - Schedule Begins Monday, August 29th

Name: _____

Total Hours: _____

Tuition: \$ _____

Compulsory Training Schedule								<i>(Circle to add Fri TOPS @AT)</i>			
Level & Minimum Hrs	Location	Mon	Tue	Wed	Thur	Fri	Sat @ AT	Sub Total	Monthly Tuition	Fri TOPS @ AT	Total Tuition
Level 2 <i>Ages 5-7</i> (5 hr per wk)	AT	3:15-5:45	Off	3:15-5:45	Off	<i>Can add Fri</i> TOPS @ AT	Off	5	\$287	TOPS 3:00-5:30	
	BT	Off	3:15-5:45	Off	3:15-5:45			5	\$287	\$55 @ AT	
Level 3 <i>Ages 6-8</i> (7.5 hr per wk)	AT	Off	4:30-7:00	Off	4:30-7:00	<i>Can add Fri</i> TOPS @ AT	11:30-2:00	7.5	\$332	TOPS 3:00-5:30	
	BT	4:30-7:00	Off	4:30-7:00	Off		@ AT	7.5	\$332	\$55 @ AT	
American Twisters Level 4 <i>Ages 7-9</i>	AT	5:15-8:15	Off	5:15-8:15	Off	<i>Can add Fri</i> TOPS @ AT	1:30-5:00	9.5	\$357	TOPS 3:00-5:30	
Boca Twisters Level 4* <i>Ages 7 & up</i>	BT	Off	5:15-8:15	Off	5:15-8:15		@ AT	9.5	\$357	\$55 @ AT	

AT = American Twisters (Coconut Creek)
954.725.9199

BT = Boca Twisters (Boca Raton)
561.750.6001

Step-by-Step Training & Tuition Selection

1. Identify your child's training group
2. Circle to "Add Fri TOPS @ AT" (optional)
3. Compute monthly tuition & write in "Total Tuition" column
4. Make a copy of this form for your records.
5. Turn this form into the office by **8/5**.
6. School Year (Fall) Schedule begins Monday, **8/29**.

TOPs at Twisters

Sixteen years ago the USA Gymnastics Federation initiated a TOPs (Talent Opportunity Program) for the purpose of identifying young gymnastics talent throughout the United States. The popularity of this program has grown tremendously and this year over 3,000 girls, between the ages of 7 and 11, are expected to participate in State tests (conducted during June and July). From that number, the top 300 are invited to the National testing held in October at the National Training Center. The 70 most talented girls (based on the battery of strength, flexibility and skills tests) are then named to the TOP's National Training Team. These 9 to 11 year olds are given an all expenses paid training camp at the National Training Center in Houston in December.

For the past 4 years, **Twister's** has had a specific in-house TOPs training program in place, in an effort to prepare children for the annual State and National testing. Gary Anderson, our Team Head Coach is responsible for setting up and implementing the criteria and training for this group. He has tremendous knowledge of this program due to his service as the previous Chairman of the National Pre-Elite Committee, which establishes the criteria and administers this program nationally.

Since the State testing begins in June of each year, September is the right time for the formation of group that will be expected to "test" in July of 2011. There are usually very definite and difficult criteria used for the selection of this group, based on **age related** results of strength, flexibility and skill testing. However, this past year has shown us that **ALL** compulsory level girls can benefit from the TOPs training. Therefore, the TOPs program this coming season will be "open" to anyone interested in getting an extra day of training that is **TOTALLY** devoted to the development of strength, flexibility and "air sense."

Please realize, however, that this program is a no-nonsense, physically demanding workout and both active participation and good attitudes are required. As long as the athlete tries and gives 100% effort and attention, they will see improvements in their strength and flexibility as a result of this program. The program will run from September until the end of May. At the end of May, we will do an "in house" test, using the National Norms, and select those girls that meet the minimum standard to take the Florida State TOPs test in late July. Participation in the program does not guarantee that a child will meet the minimum standards to enter the national testing. Regardless of their selection for the state testing, the girls will become stronger and more flexible, making their competitive gymnastics that much better.

PLEASE realize that this is a "**strength, flexibility and air sense**" developmental program and is completely independent of the "**competitive**" AAU and USA Gymnastics "levels" structure. The girls will still continue to compete at their various levels along with their teammates. The TOPS training day will be Fridays from 3:00-5:30 and will be conducted by the optional level coaches at the American Twister location. The girls may "join" or "drop out" of the program on a monthly basis. Anyone leaving the program more than once, however, will not be invited back until the next year.

This program will be set up to keep the young talented athletes with their peers and experiencing success at their age appropriate levels, yet will provide them the opportunity to expand their strength, flexibility and skill base beyond the compulsory routine restrictions during the challenging and demanding TOPS training days.

TEAM TWISTERS PARENT AND ATHLETE CONTRACT

Contract Date _____

I/we have read and accept the Twisters Gymnastics team information and policies included in the attached manual. I/we agree to support team activities as outlined, and fulfill all obligations thereof.

_____ has my/our consent and permission to participate in the Twisters program at Level _____ for the _____ season. As stated on the registration form, I/we release Twisters, its staff and directors from any and all responsibility and/or liability in case of accident or injury to the above named child. As with any activity involving height and motion, I/we are aware of the risk or serious injury, paralysis, or even death resulting from participation in gymnastic activities.

As the coaching and administrative staff has made a professional commitment to the gymnast, the gymnast and her family also commit themselves to the completion of the entire season through the State Competition or May 31, 2012 - whichever is applicable to the level of the gymnast. Upon signing, the gymnast and family are also financially responsible for team leotards and warm-ups, as well as all monetary obligations the athlete accrues.

Gymnast _____ Parent _____

Twisters Team Coordinator _____

Please return the signed contract to the front office, where it will be added to the gymnast's file. A copy will be furnished to the Parent upon request.

Team Twisters

Credit Card Authorization

It is **mandatory** that each team member fill out the form below and return to the office. If you have any questions, please feel free to call the Office Manager. This form will be updated annually. Thank you.

Athlete Name(s) _____

Total Monthly Tuition Charge(s) \$ _____

Compulsory Level(s) Annual Team Registration Fee: \$125 (Circle one)

- Please charge this fee to my card on file
- Or
- I will provide alternate payment for this fee to the front office by 9/15/11

Team Credit Card Authorization:

I, _____, hereby authorize Twister Gymnastics to charge my credit card below for my child/children's monthly tuition for Twister Gymnastics competitive team. I understand that all fees are due on or before the due date(s) and Twister Gymnastics will charge my card for the total balance. Any dispute arising from these charges will be directed towards the Office Manager.

Credit Card Type: _____ #: _____ Exp: _____

Name on card: _____ Signature: _____

Date: _____ Phone _____

Athlete Name(s) _____

Total Monthly Tuition Charge(s) \$ _____

Team Twisters Registration Form

Gymnast's Name: _____ LEVEL _____

Birth date: _____ Phone: _____ *Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Place of Employment: _____ Phone: _____

Mother's Name: _____ Place of Employment: _____ Phone: _____

School: _____ Dismissal Time: _____

Doctor's Name: _____ Phone: _____

Please answer the following questions:

Do you have accidental medical insurance? _____

Has your son/daughter had any operations during the past two years? _____

If yes, indicate the anatomical site of operation and date: _____

Is your son/daughter currently on prescribed medications or drugs on a permanent or semi-permanent basis?

_____ If so, indicate name of drug and how it is prescribed: _____

Is your son/daughter allergic to any general medications? _____

If so, what medications: _____

If so needed, your son/daughter can take _____ Aspirin _____ Tylenol _____ Advil _____ Aleve

Date of the most recent tetanus immunization: _____

Has your son/daughter had any fractures during the past two years? _____

If yes, indicate the sight of fracture and date: _____

Has your son/daughter ever had an injury to his/her back? _____

Has your son/daughter ever experienced a strain to either knee during the past two years with severe swelling accompanying the injury? _____

Does your son/daughter have weak ankles and/or ever sprained an ankle? _____

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in gymnastics. I further agree that Twister Gymnastics & American Twisters, along with their employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of my participation. I also understand that Twister Gymnastics retains the right to use any photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any other legitimate purpose. I have read and understand this acknowledgement of risk and waiver of liability and I have read and understand the Twister Team Handbook. I voluntarily affix my name in agreement.

Parent/Guardian's Signature _____ Date _____

***Please make sure to fill this form out completely. Include any and all email addresses—this is critical for important Team communication.**

MEDICAL TREATMENT RELEASE FORM

Every year each team member must have an updated "Medical Treatment Release Form" filled out and notarized. These forms allow coaches, instructors, and staff members to authorize ANY medical emergency treatment. Please return your form to the office before the first meet of the season.

I, _____, do hereby grant permission for my child, _____, to travel and participate in competitions, exhibitions, practices, tours, and/or activities with Twister Gymnastics & American Twisters, coaches, their staff, and assistants. I not only grant permission for, but also encourage ANY necessary emergency medical treatment that may be required due to injury during these activities.

I, _____, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a gymnastics event. I further agree that Twister Gymnastics & American Twisters, along with the employees, agents, officer, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event.

Gymnast's Name: _____

Gymnast's Signature: _____ Date: _____

If the athlete is under the age of 18:

As the legal parent and/or guardian for _____ I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate in gymnastics.

Parent's Name: _____

Parent's Signature: _____ Date: _____

Parent's Home Phone #: _____ Work Phone #: _____

STATE OF FLORIDA
COUNTY OF _____

Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument and acknowledged to and before me that _____ executed said instrument for the purpose therein expressed.

WITNESS my hand and official seal, this
_____ day of _____ A.D., 20_____

Notary Public
State of Florida
My commission expires _____

Exiting the Team Program

My child came home from practice and said “I want to quit!”..... Now what?

Children have a variety of reasons for wanting to quit an activity in which they are involved. Sometimes quitting may be the right choice. Other times “sticking it out” may be the right option. Unfortunately, it’s not always immediately obvious which choice is best for your child. The first step is to determine your child’s reason for wanting to quit.

A lot of times wanting to quit is merely a symptom of a problem that your child is having at the gym. Ask your child to name three reasons why she wants to quit. Below are some answers you may hear and some suggestions on how to respond.

1. I am afraid of a trick
 - Ask questions to identify the source of the fear. (It could be seeing another gymnast fall, fear of injury.. etc)
 - Ask your child if they would still want to do gymnastics if they no longer had to practice the skill. His/her answer will give you insight into their true feelings towards quitting.
2. My friends moved up to the next level (or are in a different group than me), I’m not as good as them
 - Explain to your child that it takes time and practice to become a good gymnast and that everyone progresses at different rates.
 - Ask your child what he or she loves about gymnastics. If he/she is able to identify several positive feelings towards the sport, they should be able to work past being separated from their friends
3. I am not having fun anymore
 - Often kids want to try gymnastics because they enjoy watching it on TV and enjoy flipping around with friends at the park. Once they begin competitive gymnastics, they may find that it is harder than they thought it would be.
 - They may find that the stretching and the conditioning that it takes to become a great gymnast is not worth it.
 - Ask your child if there is a particular part of gymnastics that is still fun for them.
4. Gymnastics takes up too much time/I want to try other sports
 - Gymnastics isn’t for everyone. Some kids prefer team sports such as baseball, soccer, or softball. Others prefer individual sports such as golf, swimming or tennis.
 - Analyze your child’s strengths and weaknesses, the things your child enjoys or avoids. You may have done gymnastics all through your childhood, but if your child is drawn to another sport, open your heart and mind to support the sport that your child chooses.
 - Many children are under the misconception that if they quit gymnastics they will have extra time to hang out at the mall, play on the computer, or talk on the phone. Address some of these issues so he/she is not surprised that during the time that used to be spent at gymnastics is now spent doing other productive activities such as cleaning the house or helping to prepare dinner!

Email our head coach Gary Anderson and let him know about your child’s fears and/or feelings. Many times these feelings can be resolved easily with no further complications. Once you make the coaches aware of the situation they may be able to control the training and environment more to the athletes liking and renewed enjoyment of the sport.

After a brief adjustment period, if the child still wants to quit, it is time to make an agreement that he/she must continue to do his/her best for a set amount of time (i.e. finish the season). At the end of that time period, your child will then be able to make a better decision about quitting (or retiring.) If the decision is made to retire, make sure that you and your child have an action plan of what activity they will take up next. It is also a good requirement for them to bring closure to the situation and not to “burn bridges.” There have been hundreds of cases in the American Twister organization where the child has “quit” and then two months later desires to come back. Set up a meeting with parent, child and coach to go over this decision and leave the organization on good terms.