

Twister Gymnastics Membership Selection Form

2010-2011

A large, vertical rectangular area filled with a light gray color, intended for the membership selection process. It is bordered by a thin black line on its left, bottom, and right sides, while the top border is shared with the header.

Twister Gymnastics Membership Selection Form

Credit Card Authorization

Calculating your monthly investment:

1st Child: \$ _____/Month

2nd Child: \$ _____/Month

3rd Child: \$ _____/Month

4th Child: \$ _____/Month

Total Monthly Charges: \$ _____

Congratulations for making an investment in your family's fun and fitness with a Twister Gymnastics Membership Plan!

**Your total monthly charges will be
\$ _____ each month.**

Cancellation Policy:

You may cancel your membership by providing Twister Gymnastics 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 forfeited upon cancellation.
_____ (initial)

I, _____, hereby authorize Twister Gymnastics to charge my credit card below for my child/children's monthly membership at Twister Gymnastics. 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: _____

2010-2011 Participation Agreement Form

Acknowledgement of Policies, Risk and Waiver of Liability - 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 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. TGBR/AT reserves the right to cancel classes that do not have sufficient enrollment and transfer students. Additionally, I understand and agree to abide by the TGBR/AT make-up policy.

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: _____