



Dear 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 lucky here at Twisters to not only have a great coaching staff, but also to have one 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 **2008-09 competition season packet** are designed to educate families about the Twister team program and to help prepare everyone for the upcoming season. We want to ensure that it is a successful season in all aspects. 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 if possible, since reaching parents and coaches by phone can be difficult at times and e-mail is less intrusive.

The attached 2008-2009 competition season packet contains the following:

1. **School year workout schedule and tuition** (Effective August 25, 2008)
2. **Participation in meets/choreography**
3. **Competition schedule/selection form (Compulsories)**
4. **Competition schedule/selection form (Optionals)**
5. **Assessment fees/Program Ads**
6. **How to exit the team program**
7. **TOPs program information letter**
8. **Parent/Athlete contract** (must be returned to office by 8/15/08)
9. **Team credit card authorization form** (must be returned to office by 8/15/08)
10. **Team registration form** (must be returned to office by 8/15/08)
11. **Team medical release form** (must be returned to office by 8/15/08)

If you need to speak to a coach, please call the gym:

BOCA RATON LOCATION: 561-750-6001

COCONUT CREEK LOCATION: 954-725-9199

If you need to contact a coach directly, please contact them via email

TEAM TWISTERS COACHING STAFF:

Erica McClosky	mizangel99@aim.com
Cecilia Coroiu	ceci2gym@yahoo.com
Yadira Soler	yady30@hotmail.com
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Scott Higgins	scotthiggins@bellsouth.net
Dan Fields	fieldsizsweet@yahoo.com
Lindsay Gallego	LinzLSU19@aol.com

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

Sincerely,

The Twister Gymnastics Organization



Team Twisters School Year Schedule

Fall Schedule begins August, 25th

Twister Compulsory Schedule					2008-09 School Year				
	Location	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hrs/wk	Tuition
Group 1	AT	3:30-5:30	OFF	3:30-5:30	OFF	OFF		4	\$247
L2	BT	OFF	3:30-5:30	OFF	3:30-5:30	OFF		4	\$247
Group 2	AT	OFF	4:30-6:30	OFF	4:30-6:30	OFF	9:30-12:30	7	\$277
L2/3	BT	4:30-6:30	OFF	4:30-6:30	OFF	OFF		7	\$277
Group 3	AT	5:00-8:00	OFF	5:00-8:00	OFF	OFF	12:30-4:00	9.5	\$297
L3/4	BT	OFF	5:00-8:00	OFF	5:00-8:00	OFF		9.5	\$297
TOPS	AT					3:30-6:30		3	\$50

AT= American Twisters (Coconut Creek) BT= Boca Twisters (Boca Raton)

Twister Optional Schedule				2008-09 School Year				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Hours	Tuition
Group 1	3:00-7:30	3:00-7:30	3:00-7:30	3:00-7:30	3:00-6:00	10:30-3:30	26	\$397
Group 2	4:00-8:00	OFF	4:00-8:00	4:00-8:00	OFF	1:00-5:00	16	\$357
Group 3	5:00-9:00	5:00-9:00	5:00-9:00	OFF	OFF	1:00-5:00 or 10:30-3:30	16	\$357
Extra Day	G2	4:00-8:00	G3	5:00-9:00			20	\$377

Participation in Meets (All Team Members):

At both the compulsory and optional competitive levels, it is important that an athlete participate in a minimum of four competitive meets prior to “peaking” at the State, Regionals, or Nationals.

First, there must be a “deadline competition;” a January meet that we are aiming toward—Athletes must be in shape and able to perform their competitive skills. Without this, it is too easy for both the coach and the athlete to continue to say, “We aren't ready yet!” and continue to delay their first competition until the State meet.

Next, there should be two more competitions where the girls “get out the bugs” and in some cases try out new skills. Here our athletes will have the opportunity to “learn to compete.” Two to three weeks prior to the State Championships there should be a “tune up” competition to prepare for State.

We have put stars next to mandatory competitions. Based on your economics, your daughter’s thrill and excitement to compete, your school and/or vacation schedule, you may choose any or all of the other meets listed.

Please complete the competition selection form and return to the office by October 15th.

Choreography (Optional Team Only):

Getting a new floor exercise routine choreographed can be a very expensive proposition. Once you are at the higher levels it is nice to have a special and specific routine done for your daughter. Choreography costs between \$250 and \$500 and the cost of music runs anywhere from \$25 to \$75. Normally a gymnast will have a floor routine for two years before growing out of it.

At Prep Opt and Level 7, it is NOT necessary to get an expensive and exclusive routine done for your daughter. At Twisters we have a “hand me down” system, where an older optional level girl (Level 8 and above; active or possibly retired/off to college) “hands down” a previous routine of their own. The basic routine choreography is taught to your daughter by them and as the season progresses, the floor coaches will alter or put on the finishing touches on the routine for competition. The flat rate for these routines is \$50.00 for the choreography and \$25.00 for the music (a total of \$75).

You are certainly welcome to purchase a professionally choreographed routine if you wish, but at the lower levels it is traditionally the lack of tumbling skills that is the reason for poor floor scores as opposed to bad choreography. We will be starting to match up girls and arrange for choreographers to routines sometime in mid-September.

Competition Schedule/ Selection Form

2009 Competition Schedule: Optionals ☆ Mandatory meet

	Level	Date	Competition	Location	Entry Fee
	All optional	Jan 2-4	New Year's Invite	Lake Buena Vista, FL	\$97
☆	All optional	Jan 17	In house meet	American Twisters	\$35
	Prep/7	Jan 23-25	Cruise Classic	Cooper City, FL	\$85
☆	All optional	Jan 30-Feb 1	Sun & Surf Spectacular	Coral Springs, FL	\$97
	L 8/9/10	Feb 7-8	Daytona Beach Invite	Daytona Beach, FL	\$95
☆	All optional	Feb 20-22	Presidential Classic	Lake Buena Vista, FL	\$97
	Prep/7	March 7-8	Arabian Nights	West Palm Beach, FL	\$85
☆	All optional	March 13-15	American Twisters Invite	Coral Springs, FL	\$97
☆	Level 8-10	March 27-29	Level 8,9,10 State	Coral Springs, FL	\$75
☆	Prep/7	April 3-5	Level 7,PO State	Tampa, FL	\$75
☆	Level 9-10	April 16-19	Level 9-10 Regionals	Memphis, TN	Twisters pays fee
☆	Level 8	April 24-26	Level 8 Regionals	Atlanta, GA	Twisters pays fee
☆	Level 9	May 8-10	Level 9-Eastern Nationals	Tupelo, MS	Twisters pays fee
☆	Level 10	May 15-17	Level 10-JO Nationals	Auburn, WA	Twisters pays fee

Please return this form to the front desk by October 15,2008 (with payment)

Gymnast Name _____
 Competitive Level: ___ 8/9/10 ___ PO/7

Please Check Competitions Attending (Regional and national fees paid by Twisters)

___ New Year's Invite
 ☆ In House Meet
 ___ Cruise Classic (7/PO)
 ☆ Sun & Surf Spectacular
 ___ Daytona Beach Invite (8-10)
 ☆ Presidential Classic
 ___ Arabian Nights (7/PO)
 ☆ American Twisters Invite
 ☆ State Meet

Total Entry Fee _____

Payment Information *Make checks payable to Twisters*

Payment Amount: _____
 Check _____ Check No: _____
 CCard: (Visa, MC, or Amex)

CCard No: _____ - _____ - _____ - _____ Exp: _____/_____
 Signature: _____ Date: _____

Annual Competition Fees

Twister Annual Registration Fee

Twister Gymnastics assesses an annual registration fee to pay team insurance fees, coaches' registration/dues/certifications/education, and any and all fees for USAG/AAU athlete registration. If you have already paid athlete registration fees, please deduct this from the \$165.00.

The \$165.00 Twister Registration fee is due annually on September 15th of each year.

Competition	Due Dates	Entry Fees	Assessment Fees (not able to pro-rate)
Team Registration: All team members	September 15	\$165.00	
AAU L2/3/4 6+ competitions (January-May 2009)	½ by Oct 15, 2008 Total by Nov 15, 2008	As per competition selection form	\$350.00
PREP Optionals/ Level 7 5+ competitions (January – March 2009)	½ by Oct 15, 2008 Total by Dec 1, 2008	As per competition selection form	\$550.00
Level 8-10 5+ competitions (January-May 2009)	½ by Oct 15, 2008 Total by Dec 1, 2008	As per competition selection form	\$650.00

Save on your assessment fees!!

Twisters offers a variety of options to pay your assessment fees for the 08-09 season. Below are 3 ways you can subsidize your assessment fee for the year by signing up businesses to support the meets hosted by Twisters and USA Competitions.

1. **Sign-up a business to advertise in the USAC program:** Our meets offer businesses valuable exposure to consumers in South Florida.
2. **Sign-up a business to become a corporate sponsor of a USAC event:** USA Competitions offers lucrative, cost-effective marketing opportunities for its corporate sponsors.
3. **Purchase a good luck ad for your daughter in the USAC program:** grandparents and relatives usually like to show their support in this way and often buy an ad that includes a picture of the athlete

** For more information on exactly how to subsidize your assessment fees, see our parent ad packet available at www.teamtwisters.com

** For more information, contact Lindsay Gallego (Linzlsu19@aol.com)

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!

Make an appointment to talk with your child’s coach and/or head coach of the gym. Many times these feelings can be resolved easily with no further complications. Once you make the coach 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 meeting with the coach and going through 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.

TOPs at Twisters

Fifteen 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 year, **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 Program Development Director 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 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 June of 2009. 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 (2008-2009) 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 2008 until the July 2009 test. 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 National 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 national 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 3:30 - 6:30 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, 2009 - 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) \$ _____

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 _____

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.

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

Notary Public
State of Florida
My commission expires _____