

2009 Premier Membership Selection Form

American Twisters

Updated January 2009

Preschool Premier Pass Membership

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

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
25% off Party Deposits
No Annual Fee

Choose the Preschool Premier Pass Below

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

Grade School Premier Pass Membership

\$57/month 1st child or
\$87/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 @ 5:30-6:30
Thursdays @ 6:45-7:45

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 or around the 15th 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 may cancel your membership by providing Twister Gymnastics 30 days written notice. There is no fee to cancel membership.

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: _____

2007-2008 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: _____