

American Twisters Membership Selection Form

2009-2010

Choose Your Membership in 3 Easy Steps!

1. Choose your intensity

Intensity 1:

One class per week

Intensity 2:

Two classes per week (same child)

ALL 2nd class & siblings get 10% off!

2. Choose your time

Morning Madness (discounted rates):

Morning Classes 9:30-2:30

1 Class: \$59/month

Unlimited classes per week PLUS Open Gym

\$99/month - GREAT DEAL!

Primetime (standard rates):

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

Intensity 1: \$79/month

Intensity 2: \$119/month

Early bird (discounted rates):

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

Intensity 1: \$59/month

Intensity 2: \$99/month

Evening classes (discounted rates):

Monday-Thursday 5:45 and 6:45

Intensity 1: as low as \$59/month

Intensity 2: as low as \$99/month

1 1/2 hour class: \$99/month; 2nd class: \$197

3. Choose your benefits

Silver Medal (included):

10% off each additional child*

Up to one camp session credit per month**

10% off Camp Twisters

10% off select Pro-Shop Items

25% off Party Deposits

Continuous Enrollment

4th Child is FREE

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

All Silver Medal benefits PLUS

unlimited Open Gym (a \$212 value)

**Early Bird and Evening classes receive 1/2 a camp session credit per month. 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)

Monthly Tuition for 3rd Child: _____



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American Twister's 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 an American Twisters Membership Plan!

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

Cancellation Policy:

You may cancel your membership by providing American Twisters 30 days written notice by completing the Notification of Withdrawal Form. There is no fee to cancel membership. _____ (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 15th 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: _____

2009-2010 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.

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: _____