



Twister Gymnastics



2008-2009 Membership Selection Form

★Silver Membership★

\$104/month for 1st child
10% off each additional child
4th child is Free

Silver Benefits

One gymnastics class per week per child enrolled
One camp session credit per child per month
10% off Camp Twisters
10% off Select Pro-Shop Items
25% off Party Deposits
Continuous enrollment
No Annual Fee

★SILVER PLUS MEMBERSHIP★

\$191/month for 1st child
10% off each additional child
4th child is Free

Two classes per week per child enrolled
Two camp credits per child per month
All Silver Medal Membership benefits

★Gold Membership★

\$124/month for 1st child
10% off each additional child
4th child is Free

Gold Benefits

All the Silver Medal benefits and the
Premier Plus benefits!
(Unlimited Access to Pre-school and/or Grade
School Open Gym Sessions PLUS unlimited
access to Saturday Parent's Night Out (ages 5+)
and/or Gym-Mini Twisters (ages 3-5))

★GOLD PLUS MEMBERSHIP★

\$211/month for 1st child
10% off each additional child
4th child is Free

Two classes per week per child enrolled
Two camp credits per child per month
All Gold Medal Membership benefits

Parent/Guardian Information:

Last Name: _____, First Name: _____

Address: _____ City: _____

Zip: _____ Home Phone: _____ Cell/Work: _____

Email: _____

How did you hear about Twister Gymnastics? _____

1st Child

_____, _____
Last Name First Name

_____, _____
Sex Date of Birth

_____, _____, _____
1st Class Day Time

_____, _____, _____
2nd Class Day Time

2nd Child

_____, _____
Last Name First Name

_____, _____
Sex Date of Birth

_____, _____, _____
1st Class Day Time

_____, _____, _____
2nd Class Day Time





3rd Child			4th Child		
Last Name _____		First Name _____	Last Name _____		First Name _____
Sex _____	Date of Birth _____		Sex _____	Date of Birth _____	
1st Class _____	Day _____	Time _____	1st Class _____	Day _____	Time _____
2nd Class _____	Day _____	Time _____	2nd Class _____	Day _____	Time _____

Calculating your monthly investment:

1st Child: \$ _____/Month

2nd Child: \$ _____/Month

3rd Child: \$ _____/Month

4th Child: \$ _____/Month

Total Monthly Charge: \$ _____

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

Your total monthly charge will be:
\$ _____ each month.

Credit Card Authorization

I, _____, hereby authorize Twister Gymnastics to charge the credit card number 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 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: _____

Cancellation Policy:

You may cancel your membership by providing Twister Gymnastics 30 days written notice. There is no fee to cancel membership.

Thank you for choosing Twister Gymnastics!



Twister Gymnastics is a CHARACTER COUNTS!SM Certified Gold Medal Children's Activity Center

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 acknowledgement of policies, risk and waiver of liability and I voluntarily affix my name in agreement.

Parent's Signature _____ Date _____ Family Medical Insurance Provider: _____

