

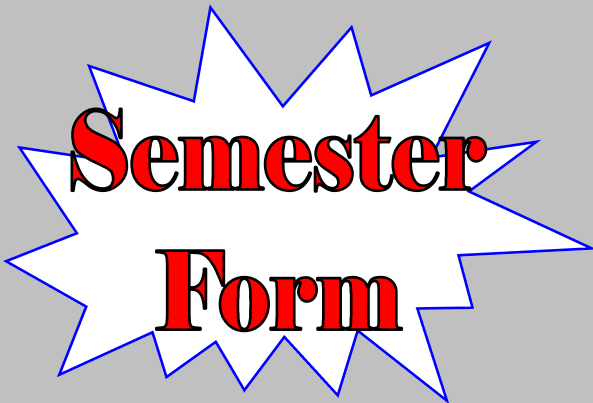


Twister Gymnastics



Spring Semester Registration Form School Year Classes 2008-2009

Choose your spring class now!
Ask about our discounted
rates for off times!
(1:30, 2:30 and after 5:30)



Session Dates (18 Weeks)

Session 1: August 25th–January 17th, 2009

Session 2: January 19th–May 30th, 2009

Class Rates For Semester Students (18 Weeks)

45-55 Minute Class: \$425

2nd Child or Additional Class: \$377

Discounted 45–55 Minute Class

(1:30, 2:30, or after 5:30): \$357

Discounted 90 Minute Class (after 5:30): \$537

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 _____

Semester Charges

Enrollment Fee: \$97.00

1st Child: \$ _____

2nd Child: \$ _____

3rd Child: \$ _____

Total Amount Due: \$ _____ Paid via: _____

Thank you for choosing Twister Gymnastics, Parties & Cheer.

At Twister's we offer a variety of flexible payment options for your child's gymnastics and/or cheer-leading experience.

The registration form you have selected is for clients who wish to register their children for classes per semester and pay for services in full prior to participation.

This payment option does not provide the same benefits and savings available to members who select one of Twister's Monthly Membership Plans. We want you to be informed of your options and help you make the most out of your investment in your children's physical education. For information on Twister's Monthly Membership Plans with automatic billing, continuous enrollment, membership benefits, and valuable savings please contact our customer service team.

Credit Card Authorization

Payment Information:

All classes must be paid prior to the first class of the semester. Please understand that your child will not be allowed to participate with an outstanding balance. In order to avoid this situation, you may authorize Twister Gymnastics use of a credit card for our office to pay your semester tuition and fee's. Please fill out below:

I, _____, hereby authorize Twister Gymnastics to charge the credit card number below for my child/children's semester at Twister Gymnastics for the Total Amount Due shown above.

Credit Card Type: _____ #: _____

Exp: _____ Name on Card: _____

Signature: _____ Date: _____

Thank you for choosing Twister Gymnastics!



Twister Gymnastics is a CHARACTER COUNTS!™ 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: _____

