

REGISTRATION FORM

Twisters Gymnastics

321 Stagecoach

308-381-0217

CHILD'S NAME _____ Age _____ Birth date: _____

GYMNASTICS: DAY: _____ TIME: _____ CLASS: _____

Father's Name: _____

Mother's Name: _____

Employer: _____

Employer: _____

Business Phone _____

Business Phone: _____

Mobile Phone _____

Mobile Phone: _____

Email address: _____

Email address: _____

Address: _____ Home Phone: _____
Street City State Zip

PROMISE TO PAY PROCEDURES & PARENTS'S MEDICAL RELEASE SIGNATURES

Please read the Policies & Procedures below carefully. The Policies & Procedures apply to Recreational and Team. Your signature acknowledges that you have read and understand the items listed below.

TUITION: Tuition is a 4 week or 5 week session rate for fall recreational classes. Monthly rate for team students are all year. Tuition is non-refundable after classes begin. There are **NO refunds or credits for illness or inclement weather.** Tuition is due at the beginning of each new session for recreational & by the 1st of every month for team. If tuition is paid in full prior to the next session you will receive a \$5.00 discount off each child's tuition. NO EXCEPTIONS!!!!

We should be notified if you plan on NOT coming to the next session.

There will be a \$30.00 charge for NSF checks.

A student **will not** be allowed to take classes if their bill is more than **30 days past due.**

FAMILY DISCOUNTS: Discounts available for more then one child in the immediate family.

MAKE UP POLICY: It is always best to attend your regular scheduled class. If a child must miss their scheduled class due to an emergency, please call the office prior to their class to schedule an excused absence. Make ups will be scheduled for excused absences only if space is available. No make ups for a make up class. One excused make up per session, per gymnast and NO make ups are carried over from one session to another. If a child needs to change their regular scheduled class, this can be done as a new session begins.

PARENTS RELEASE: It is my understanding that every possible precaution will be taken to prevent accidents and to avoid injury. However, in the event of some unfortunate accident or injury, I do hereby release **G.I. TWISTERS GYMNASTICS**, the owners and the staff members from any and all liability resulting therein.

MEDICAL RELEASE: As parents or legal guardians of the minor child named _____, we do hereby give authority to staff members of **TWISTERS GYMNASTICS** to obtain all necessary medical assistance for the above named child in the event of an emergency, including the care of a physician and/or hospital. This authorization is granted for situations when a parent or guardian cannot be reached immediately.

SIGNATURE _____ DATE _____

Parent or Guardian Signature

MEDICAL INFORMATION

Family Dr. _____ Phone Number: _____

Insurance Company : _____

ID Number/Policy #: _____

*****Please check the following for our records*****

____ Glasses ____ Epilepsy ____ Daily Medication (Please describe)

____ Asthma ____ Allergies _____

____ Diabetes ____ Hard of Hearing

____ Orthopedic Info. _____

Emergency Contact Information:

Emergency contact (other than parent): _____ Relationship: _____ Phone # _____

Automatic Withdraw Authorization:

I Authorize Grand Island Twisters to withdraw my child's monthly tuition from the account listed below. I understand Grand Island Twisters will either call the phone number listed below before my credit card is processed **OR** my account will be processed automatically on the date listed.

Signature _____ Today's Date _____ Zip code for card _____ V-Code _____

Account # _____ Exp. Date _____ Phone # _____

Please process my credit card on the _____ day of each month while I am enrolled at **G.I. Twisters**.