



# REGISTRATION FORM

Twisters Gymnastics

321 Stagecoach Rd

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*

## POLICIES AND PROCEDURES

Please read the **Policies & Procedures** below carefully and **initial and sign in the highlighted spaces** provided once you have read the policies Twisters has set forth. The Policies & Procedures apply to Recreational and Team. **Your signature** acknowledges that you have **read and understand** the items listed below.

**REGISTRATION:** Please complete this form and return along with an **annual registration fee of \$35.00 per child, or \$60.00 per family**. The first session's tuition is also due at the time of registration.

**FAMILY DISCOUNTS:** Discounts available for more than one child in the same family. Each additional child will receive a \$5.00 discount on each session.

**TUITION:** Tuition is a 4 week or 5 week session rate for fall recreational classes. 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 session. If tuition is paid in full prior to the next session you will receive a \$5.00 discount off of each child's tuition.

If your child is **NOT** attending the next session, you must **NOTIFY the office NOT YOUR INSTRUCTOR**, the **week Prior** to the beginning of the next session or **you will be charged for the next session.** **Initial:** \_\_\_\_\_

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, no exceptions!!**

If someone other than a parent or legal guardian will be picking your child up, your instructor needs to notified before the class starts and will need the name and phone number of that person. **Initial:** \_\_\_\_\_

**MAKE UP POLICY:** There are **no makeups for a missed class**, therefore it is important that you choose a time that will not conflict with your schedule. If child needs to change their regular scheduled class, this can be done **only before** a new session begins if there is available space. **Initial:** \_\_\_\_\_

**PARENTS RELEASE:** 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 the **G.I. TWISTERS GYMNASTICS**, the owners and the staff members from any and all liability resulting therein. **Initial:** \_\_\_\_\_

**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.

**I have read and reviewed Twisters Lobby & Gym Rules and agreed to follow and enforce the rules with my children.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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**      **Special Needs:** \_\_\_\_\_  
\_\_\_\_ **Diabetes**      \_\_\_\_ **Hard of Hearing**  
\_\_\_\_ **Orthopedic Info.** \_\_\_\_\_

**Emergency Contact Information:**

Emergency contact (other than Parent): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_