

Twisters Gymnastics Cheer & Dance Studio

Registration Form

Mother/Guardian's Name: _____ Father/Guardian's: _____

Address: _____
street city state zip

*Send Invoice to: (If different from above) _____
name address

Home Phone: _____ Home E-mail: _____

Mother/Guardian's Work Phone: _____ Cell: _____ Father/Guardian's Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____
Are there any medical conditions to which we should be alerted? _____

Please list any medications your child is taking on a regular basis: _____

Student's Name: _____	Sex: _____	Age: _____	Birth Date: ____/____/____
Student's Name: _____	Sex: _____	Age: _____	Birth Date: ____/____/____
Student's Name: _____	Sex: _____	Age: _____	Birth Date: ____/____/____

How did you learn about Twisters Gymnastics? _____

Acknowledgement of Risk and Waiver of Liability

Name of child(ren) participant(s) (if under 18): _____
Name of adult participate(s)/parent(s): _____

I (we) hereby consent to the aforementioned person participating in the Twisters Gymnastics program. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities including tumbling, trampoline, and cheerleading.

I understand that it is the express intent of Twisters Gymnastics to provide for the safety and protection of my child, and in consideration for allowing my child to use these facilities, I hereby release Twisters Gymnastics, its officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Twisters Gymnastics.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Twisters Gymnastics.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature

Date

Permission to Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

Parent or Legal Guardian's Signature

Date

Please turn over...

Twisters Gymnastics Cheer & Dance Studio

1. We at Twisters Gymnastics stand behind our program! If you or your child is not fully satisfied we will gladly work with you or fully refund your tuition fee. You are required to let the office know immediately after your second class to be eligible for a full tuition refund.
2. There is a \$25.00 annual registration fee for the first student and \$10.00 for each additional student of the same family. This is non refundable.
3. Fees are due two weeks prior to the session start date. If payment is not received by the due date we cannot guarantee the child's placement in a particular class. (Invoices will be mailed to you.)
4. There will be a \$20.00 charge for all returned checks.
5. As a general rule, credits/refunds are not given for missed classes. As a courtesy to our students, Twisters does offer two make-up classes per session. One must be at least three years old to attend a make-up class and prior registration is required.
6. All girls are required to wear a one-piece leotard/unitard (age five and up). Boys are required to have all shirts tucked into their shorts. Hair must be pulled back and only stud earrings are allowed.
7. No food, drink, or gum is allowed in the gym area.
8. No one will be allowed to work out unless his/her instructor is with the student.
9. Children not registered in our program are to be supervised at all times. The play area provided is to assist in keeping these children occupied and under control. It is the responsibility of the parents to monitor their children in the play area.
10. No flash photography is allowed. A flash may distract a performing gymnast and could lead to accidents and injuries.
11. To prevent further billing, please notify the office if you will no longer be attending classes at Twisters Gymnastics.
12. For the benefit and safety of all children in class, any child displaying inappropriate behavior will be given three verbal warnings. If behavior continues, the child may be asked to sit with his/her parents.
13. Twisters Gymnastics Inc. reserves the right to cancel classes that do not have a minimum number of students enrolled. Alternate class times and days will be available for students whose class has been cancelled.
14. No classes are held on the following holidays: Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas and New Years Day (Dec. 25 – Jan 1). Make-up classes or refunds will be available upon request only.
15. Winter Class Cancellation Policy: In event the Cedar Rapids School District cancels due to weather conditions, Twisters will also be closed; however, if conditions improve through out the day a decision will be made by 2:00pm to re-open for evening classes or not. Please call to confirm after 2:00pm on the day in question. Note: If there is a school delay, Twisters will open at noon.

Rules Acknowledgement

I have read and fully understand the rules above discuss them with the child or children affected. We will abide by these rules.

Parent/Guardian's Signature

Date