

# Twisters Gymnastics Registration Form

Are you a current or previous member of our gym?  YES If yes, continue to Student Information.  NO

How did you learn of Twisters Gymnastics?

Website  Phonebook  Street Sign  Boys & Girls Club  Referral Name \_\_\_\_\_

## **Student Information**

1st Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D/O/B: \_\_\_\_\_

1<sup>st</sup> CHOICE Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> CHOICE Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D/O/B: \_\_\_\_\_

1<sup>st</sup> CHOICE Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

2<sup>nd</sup> CHOICE Class Name: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

## **Parent's Information**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## **Emergency Contact** (Other than parent listed above.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

## **Medical Information**

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group ID: \_\_\_\_\_

Any know allergies to medications: \_\_\_\_\_

**Twisters Gymnastics  
Release/ Waiver Form**

We the staff of Twisters Gymnastics recognize the obligation to make our students and their parents aware of the risk and hazards associated with the sport of gymnastics. Students may suffer injuries, possible minor, serious or catastrophic in nature. Gymnastics can be dangerous and can lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and their coaches' instruction.

I fully understand that Twisters Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Twisters Gymnastics to render temporary care to my child or children in the event of any injury or illness, and if deemed in necessary the Twisters staff, to call our doctor and seek medical help, including transportation by a Twisters staff member or it representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should Twisters Gymnastics deem it necessary.

Twisters Gymnastics, its coaches and other staff members, will not except responsibility for injuries sustained by any student during the course of any gymnastics or tumbling instruction, open gym workouts, birthday party, parent's night out, or in the course of any exhibition, competition or clinic in which he or she may participate or while traveling to or from an event.

I understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. Twisters coaches will only warn the child through "Safety Messages", our teaching style and progressions.

With the above in mind, and being fully aware of the risk and possibilities of injury involved, I consent to have my child or children in the programs offered by Twisters Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Twisters Gymnastics and/or its representatives, whether paid or volunteered.

On occasion newspapers, TV stations, ect., may visit Twisters Gymnastics. They often take pictures or video of our classes or teams Signing this release will also include giving us permission to possible use your child's picture in advertising or promotion and advertising for the gym. It is understood that no compensation will be given by the gym or user of such picture.

I HAVE RECEIVED AND READ A COPY OF ALL TWISTERS GYMNASTICS POLICIY AND AGREE TO ADHERE TO THEM, INCLUDING NO REFUNDS.

\_\_\_\_\_  
**PARENT'S NAME (PRINT)**

\_\_\_\_\_  
**PARENT'S SIGNATURE/ RESPONSIBLE PARTY**

\_\_\_\_\_  
**DATE**

**Office Use Only**

Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Registration Expires: \_\_\_\_\_ Staff: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_