



9026 Worcester Highway
Berlin, Maryland 21811
410-629-0878 | FAX: 410-629-0879

New Member Registration Form

Parent/Guardian Information

Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____

Cell phone _____ E-mail _____

Relationship to child: Father Mother Other (Please specify) _____

Child Information

Name _____

Age _____ Date of Birth _____

Emergency Information

Contact name _____

Relationship to child: Father Mother Other (Please specify) _____

Home phone _____ Work phone _____

Cell phone _____

Class Information

Class/Competitive Program enrolled _____

Class/Practice days & times _____
(See Current Program/Practice Schedule)

Registration fee \$ _____

Tuition (per month) \$ _____

How did you hear about us?

Parental release: Please enroll my child as shown. I have read and agree to follow the policies of Twisters Gymnastics & Cheer Academy. I understand that my tuition must be paid before my child takes any classes or attends any practice session. I also understand that Twisters does not issue any refunds or credits. At the close of each session, all classes missed will be wiped out. I will follow the general rules and tuition payment schedule. I also understand that if payment is not made by the given due date, that my account with Twisters is subject to late payment penalties. I certify that my child has no major disabilities or conditions that could impair his/her active participation.

Parents signature

Date

.....
For Office Use Only:

AMOUNT DUE \$ _____

Start Date _____

Membership Fee \$25 for 1st child \$20 for 2nd child

Amount Due _____

Class Control _____ Cash Register _____ Log Book _____ File _____

Front Desk Initials _____ Date _____



9026 Worcester Highway
Berlin, Maryland 21811
410-629-0878 | FAX: 410-629-0879

Waiver & Release Form

Athletic Membership Agreement and Information

Fill in the blanks; submit forms for current season only, bearing original signatures (photocopies or facsimiles not acceptable)

Agreement

In consideration of my membership in Twisters, Inc. and my participation in Twisters, Inc. classes, events and activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of Twisters, Inc.
2. **Readiness to participate:** I will only participate in those Twisters classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself and without injury.
3. **Medical attention:** I hereby give my consent to Twisters, Inc. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation.
4. **Waiver and release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I further agree that Twisters, Inc. and the sponsor of any Twisters event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in any event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Information

Primary medical insurance: I am covered by primary health/medical accident insurance through:

I am a citizen of the U. S. Yes No

Signature of athlete _____

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by Twisters, Inc.

Printed name of parent or guardian _____

Signature of parent of guardian _____ Date _____