



TWISTERS SPORTS CENTER  
 2639 Terminal Boulevard  
 Mountain View, CA 94043  
 (650) 967-5581 ph  
 (650) 967-7149 fax  
 twisterssportscenter.com

Gymnastics / Tae Kwon Do  
 Registration and Release Form  
 Part A

**Student Information**

Student Name	M/F	Birthday	Time	Day(s)	Name (office use)
		/ /		M T W TH F S	
		/ /		M T W TH F S	

(Monday-Saturday)

**Contact Information (required)**

Parent(s) Name \_\_\_\_\_ Ph \_\_\_\_\_ Cell \_\_\_\_\_

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

email (required) \_\_\_\_\_

How did you hear about Twisters Sports Center? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Ph \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Ph \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Ph \_\_\_\_\_

**DISCOUNTS**  
**10% OFF**  
 2<sup>ND</sup> Child  
 and/or  
 2<sup>ND</sup> Class

**ANNUAL INSURANCE FEE**

Single \$50  
 Family \$75

Insurance Fee \$ \_\_\_\_\_  
 1st Class/Child \$ \_\_\_\_\_  
 2nd Class/Child \$ \_\_\_\_\_  
 Coupon \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Monthly Gymnastics Program Fees / Autopay\* Fees (1 class per week)**

Walking Wonders	\$64 / \$59	Tumbling	\$92 / \$87
Preschool Players	\$75 / \$70	Boys Beginning 6+	\$92 / \$87
Cartwheel Kinders	\$75 / \$70	Boys Intermediate	\$92 / \$87
Dyno Tumblers	\$75 / \$70	High School	\$112 / \$107
Gymnastics 6+	\$92 / \$87		

**Monthly Tae Kwon Do Program Fees / AutoPay Fees (1 class per week)**

Little Ninjas	\$81 / \$76	Intermediate	\$112 / \$107
Beginning	\$104 / \$99	Advanced	\$119 / \$114

\*Sign up for **Autopay** and receive \$5 off your monthly tuition.  
 Discount does not apply to pro-rated amounts.

**Method of Payment** \_\_\_\_\_ **Total Due \$** \_\_\_\_\_

Cash Amount \_\_\_\_\_ Check Number \_\_\_\_\_

Credit Card Visa Mastercard American Express **Autopay** Yes / No

Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Trial Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Completed by: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

See reverse for **Part B**



TWISTERS GYMNASTICS, INC.  
Release and waiver of liability, assumption of risk  
and indemnity agreement ("Agreement")

Gymnastics / Tae Kwon Do  
Waiver  
Part B

In consideration of participating in the Twisters Gymnastics, Inc. event/activity, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, cost and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue Twisters Gymnastics Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage or cost, which may incur as a result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Please complete info by all arrows below:

▶ \_\_\_\_\_ ▶

Printed Name of Minor Participant 1

Printed Name of Adult Participant

▶ \_\_\_\_\_ ▶

Printed Name of Minor Participant 2

Signature of Adult Participant

Please list all participant(s) medical problems, allergies/sensitivities to food, drugs, chemicals, medication or insect bites:

\_\_\_\_\_  
\_\_\_\_\_

I agree to follow and abide by the procedures of Twisters Gymnastics, Inc., concerning safety and facility regulations. I understand that no cash refunds are given other than the Guarantee or if a class is cancelled. I agree to submit an "Intention to Drop" form to the front office thirty days prior to the final class attended. I understand I am responsible for any fees for a period of thirty days after my signed "Intention to Drop" form is received by Twisters Gymnastics, Inc.

▶ \_\_\_\_\_ ▶ / /

Signature of Parent/Legal Guardian of Above Named Participant(s)

Date

**OFFICE USE ONLY - Important:** The parent and/or legal guardian signing the release waiver must sign in person OR attach a copy of their drivers license to this form. A copy of the drivers license required to verify that the signatures on both the release waiver and the drivers license match.

Printed name of staff person verifying Parent/Legal Guardian signature: \_\_\_\_\_