



1165 N. Fair Oaks Ave.
 Sunnyvale, CA 94089
 Ph: (408) 734-FLIP (408) 734-3547
 Fax: (408) 734-3552
 Email: twistersfun@hotmail.com
 Web: twisterssportscenter.com

Kids' Club 2019-2020
 Registration & Release Form
 Part A

Student Information

*Activity Choices: Gymnastics (G), Tae Kwon Do (T) or Dance (D)

Student Name	M/F	Date of Birth	School	Grade/Rm.	Activity*	Day(s)
		/ /			G T D	M T W TH F
		/ /			G T D	M T W TH F

Start Date ____ / ____ / ____ School Pick Up Times M ____ T ____ W ____ TH ____ F ____

Special requests _____

*Parents, please email us a recent photo of your registered student(s) to twistersfun@hotmail.com

Contact Information

Parent(s) Name _____ Ph _____ Cell _____
 Address _____ City _____ Zip _____
 Parent(s) email _____ (Please provide other email(s) for the Kids' Club email mailing list below)
 email _____ email _____

Emergency Contacts

Name _____ Relationship _____ Ph _____
 Name _____ Relationship _____ Ph _____

DISCOUNTS
10% OFF

2ND Child
and/or
2ND Class

Annual Membership Fee

Single	\$50
Family	\$75

Start Date ____ / ____ / ____

With Transportation

5 days / 4 classes per week \$1026
 4 days / 3 classes per week \$934
 3 days / 2 classes per week \$837
 2 days / 1 class per week \$730
 1 day / 1 class per week \$462

Additional class per week \$40

Without Transportation

5 days / 4 classes per week \$842
 4 days / 3 classes per week \$774
 3 days / 2 classes per week \$702
 2 days / 1 class per week \$681
 1 day / 1 class per week \$430

Method of Payment

Cash Amount _____ Check Number _____

Credit Card Visa Mastercard American Express

Card # ____/____/____ Exp ____/____

Name as it appears on credit card _____

Cardholder Signature _____

AutoPay Options Yes / No

Fees drafted on 1st of each month

Fees drafted on 15th of previous month*

*\$5 discount off monthly tuition when drafted on the 15th; does not apply to prorated fees



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 any may incur as the 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.

▶ Printed Name of Minor Participant 1 ▶ Signature of Minor Participant 1 (or) Parent signing minors name

▶ Printed Name of Minor Participant 2 ▶ Signature of Minor Participant 2 (or) Parent signing minors name

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

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.

▶ Parent/Legal Guardian Name (please print) ▶ Parent/Legal Guardian Signature ▶ / / Date




▶ Parent/Legal Guardian Name (please print) ▶ Parent/Legal Guardian Signature ▶ / / Date






In consideration of participating in the Twisters Gymnastics, Inc. After-School Kids' Club, I represent that I understand that my child will be picked up from school by an authorized representative of Twisters Gymnastics, Inc. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Kids' Club. I fully understand that transportation involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my child's 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 the vehicles in which the transportation will occur, (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 any may incur as the 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.




		 / /
Parent/Legal Guardian Name (please print)	Parent/Legal Guardian Signature	Date

		 / /
Parent/Legal Guardian Name (please print)	Parent/Legal Guardian Signature	Date

By signing this waiver, I grant Twisters Gymnastics, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the vehicles to be used, permission to pick up my child from school, along with other children in the Kids' Club and transport them back to Twisters Gymnastics, Inc. for the remainder of the activity.

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced transportation. 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.

		 / /
Parent/Legal Guardian Name (please print)	Parent/Legal Guardian Signature	Date

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Please answer this child health assessment form honestly and thoroughly. This information is critical in allowing us to provide the best care possible for your child(ren). This information will be kept confidential and will only be shared with Twisters Sports staff members on a need-to-know basis.

Allergies/Sensitivities – Please list allergies/sensitivities to food, drugs, chemicals, medications or insect bites:

None ____ Comments _____

Medications/Treatments – Please list any medications/treatments:

None ____ Comments _____

Special Needs – Please list any physical health problems:

None ____ Comments _____

Behavioral Issues/Mental Health Diagnosis – Please list any behavioral or psychological issues/concerns:

None ____ Comments _____

Emergency Plans – Please list any emergency plan that might be needed and the sign/symptoms to watch for:

None ____ Comments _____

I give my consent for Twisters Sports staff members to discuss the information on this form on a need-to-know basis and to communicate with me directly if needed to clarify information on this form about my child(ren).

/ /
 Signature of Parent/Legal Guardian Date