

TWISTERS
Registration Contract

Applicant _____ Birthdate _____ Age _____

Address _____ Town _____ Zip _____

Home Phone # _____ Cellular Phone # _____ Beeper # _____

Alternate # _____ Physician Name and Phone # _____

E-mail Address _____

GYMNASTICS MINI GYM TRANSITION TUMBLIN TODDLERS CHEERING SPECIAL NEEDS
CAMP TEAM

Please Circle One

DAY _____ TIME _____

I register my daughter/son with Twisters, and I give my child, who is in good health and has had a physical examination by a Doctor within the last six months, permission to participate in the Twisters program for the year **2008 - 2009**.

Consent Waiver: I, the undersigned parent or guardian of the above named student, do hereby grant authority to the staff of Twisters, its teachers, staff and school harmless for any and all injuries arising out of participation in any classes or meets away from or at the school.

Signature of parent or guardian _____ Date _____

I have read, understood and am in agreement with the information contained in this brochure and the school policies and do hereby agree to follow them.

Please list any medical or other information concerning your child which may affect his/her participation.

Instructions:

Print this form and fill out all information. Then bring the completed and signed form with you to the gym.