

MINNESOTA TWISTERS REGISTRATION FORM

Student _____ Sex: M F DOB ___/___/___
Last Name First

Class Level _____ Day(s) _____ Time(s) _____

Mother _____
Last Name First

Father _____
Last Name First

Home Phone (_____) _____

Address _____ City _____ Zip _____

Mother's cell # (_____) _____ Father's cell # (_____) _____

E-Mail address _____

Annual Registration Fee (per family) \$ 35
Class Tuition \$ _____
TOTAL \$ _____

Registrations are now being accepted on a first come, first serve basis. New and returning students may register in person, by mail, or online at www.MinnesotaTwisters.com When mailing registration, please call to confirm desired class availability.

Registration Date _____

Tuition Enclosed

\$ _____

Checks payable to:

Minnesota Twisters
 5810 Baker Road
 Suite 175
 Minnetonka, Mn
 55345

612-703-7575

How did you hear about us? _____

Medical Information

List any physical disabilities, chronic ailments, Psychological disabilities and allergies for your child.

Health Insurance Co.Name: _____

Policy# _____

Physician: _____

Phone# _____

Person to contact in an emergency in the event that a parent/guardian cannot be reached.

Name: _____

Phone# _____

Release Form

In consideration of Minnesota Twisters (TTIM) accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, as my child's parent/guardian to assume responsibility for any and all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, or meets.

I give my permission to Minnesota Twisters (TTIM) and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Minnesota Twisters (TTIM).

In case of an emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. The child will be transported at my expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other acting on behalf of the parent can be reached.

WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY

Further, I hereby release and agree to hold harmless and to indemnify Minnesota Twisters (TTIM) employees, owners or volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

Parent/Guardian Signature _____

Date _____