

# MINNESOTA TWISTERS REGISTRATION FORM 2016-17

FALL I SESSION (September 4 - October 30 ... 8 weeks)

Student: \_\_\_\_\_ Gender: M F DOB: \_\_\_/\_\_\_/\_\_\_  
Last Name First Name

Twisters Class (Please mark appropriate level and class time)

**Level I**  
 Boys /girls 5-10 yrs old/no prerequisites

- Tuesday 4:15-5:15
- Wednesday 4:15-5:15
- Wednesday 6:30-7:30
- Thursday 4:15-5:15
- Saturday 9:00-10:00

60 min. 1 x wk/ 8 wks \$186

**Level II**  
 Boys/girls who can do back handsprings/  
 Kick overs OR are at least 11 yrs old

- Tuesday 4:15-5:30
- Wednesday 5:15-6:30
- Wednesday 7:30-8:45
- Thursday 4:15-5:30
- Saturday 9:00-10:15

75 min. 1 x wk/ 8 wks \$216  
 2 x wk/ 8 wks \$389

**All registrations must include: Completed form; Family Registration Fee\*\* \$ 35**

\*\*Family Fee - all returning fall students and new students

Tuition Fee (see above) \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

Mail Fees and Forms To:

## Minnesota Twisters

6953 Washington Av

Edina, MN

55439

**612-703-7575**

How did you hear about us?  
 \_\_\_\_\_

Registrations are accepted on a first come first serve basis. New and returning students may register in person or by mail. When mailing registration, please call to confirm desired class availability. NEW - In person registration may now be paid by credit card.

### PARENT INFORMATION (Please print clearly)

Mother: \_\_\_\_\_ Cell: ( )- - Father: \_\_\_\_\_ Cell: ( )- -  
Last Name First Name Last Name First Name

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

(Email addresses will be used for communication purposes only.)

**STUDENT'S LAST NAME**

**FIRST NAME**

#### MEDICAL INFORMATION

List any physical disabilities, chronic ailments, psychological disabilities, and allergies for your child: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_ Physician Name: \_\_\_\_\_ Phone: ( )- -

Emergency Contact (If parent/guardian cannot be reached): \_\_\_\_\_ Phone: ( )- -

Additional information you feel should be provided to instructors: \_\_\_\_\_

### 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.

**CONSENT TO PHOTOGRAPH & MEDIA RELEASE** I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at Minnesota Twisters or at a function sanctioned by Minnesota Twisters. I hereby grant permission to Minnesota Twisters to use my child's photograph or likeness in any publicity or promotional publications (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under 18 years of age)

(If participant is over 18 years of age)