

MINNESOTA TWISTERS REGISTRATION FORM

2017 FALL SESSION (September 3 – October 29 ... 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 at 4:15pm-5:15pm
- ___ Wednesday at 4:15pm - 5:15pm
- ___ Wednesday at 5:30pm - 6:30pm
- ___ Thursday at 4:15pm - 5:15pm
- ___ Saturday at 9:00am - 10:00am

60 min. 1 x wk/ 8 wks \$190
2 x wk/ 8 wks \$342

Level II

Boys & girls who can do back handsprings,
kick-overs OR are at least 11 yrs old.

- ___ Monday at 4:15pm-5:30pm***
- ___ Tuesday at 4:15pm - 5:30pm
- ___ Wednesday at 4:15pm - 5:30pm
- ___ Wednesday at 5:30pm - 6:45pm
- ___ Thursday at 4:15pm - 5:30pm
- ___ Saturday at 9:00am - 10:15am

75 min. 1 x wk/ 8 wks \$222
2 x wk/ 8 wks \$399

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

**Family Fee – all returning fall students and new students

Tuition Fee (see above) _____

TOTAL \$ _____

***MONDAY CLASSES BY INVITATION ONLY

Registrations are accepted on a first come first serve basis. New and returning students may register in person, by mail, or online. When mailing registration, please call to confirm desired class availability. NEW – In person registration and on line 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: _____ Text Y/N

(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,

Registration Date: _____

Checks Payable To:

Minnesota Twisters

6953 Washington Av
Edina, MN
55439

612-703-7575

How did you hear about us?

Circle Sport interests outside of Trampoline and Tumbling Class

- Dance
- Diving
- Cheer
- Circus
- Acrobatics
- Aerial Skiing
- Artistic Gymnastics
- Snowboarding
- Wakeboarding
- Trampoline & Tumbling Team
- Other _____

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 over 18 years of age)

(If participant is under 18 years of age)