

REGISTRATION FORMS

FOR OFFICE USE ONLY:

Date: _____
 Registration fee ___ x \$40 = _____
 Paid please circle:
 Cash Debit/Charge
 Initial: _____
 Signed off policies

 Register *Guardian 1* as athlete
 Register *Guardian 2* as athlete
 Checked off policies in IClasspro

Parent/Guardian 1

First Name: _____
Last Name: _____
Cell Phone: _____
 Birth date: M ___ /D ___ /Y ___
 MALE/FEMALE – please circle
 Medical Note: _____
 Care Card: _____
 Home phone: _____
Address: _____
City: _____
Postal Code: _____
Email: _____

Parent/Guardian 2

First Name: _____
 Last Name: _____
 Cell Phone: _____
 Birth date: M ___ /D ___ /Y ___
 MALE/FEMALE – please circle
 Medical Note: _____
 Care Card: _____
 Email: _____

Athlete #1

Athlete First Name: _____
Athlete Last Name: _____
Birth date: M ___ /D ___ /Y ___
MALE/FEMALE – please circle
 Medical Note: _____
 Care Card: _____

Athlete #2

Athlete First Name: _____
Athlete Last Name: _____
Birth date: M ___ /D ___ /Y ___
MALE/FEMALE – please circle
 Medical Note: _____
 Care Card: _____

Athlete #3

Athlete First Name: _____
Athlete Last Name: _____
Birth date: M ___ /D ___ /Y ___
MALE/FEMALE – please circle
 Medical Note: _____
 Care Card: _____

Athlete #4

Athlete First Name: _____
Athlete Last Name: _____
Birth date: M ___ /D ___ /Y ___
MALE/FEMALE – please circle
 Medical Note: _____
 Care Card: _____

Circle the Drop In/ Pay as you go that is being attended:

EXPLORERS FREE PLAY	EXPLORERS	NOON TIME NUTTIES	LITTLES
KIDS	TUMBLE & TONE	5-9 PARKOUR	PARKOUR
FAMILY	TEEN/ADULT	PRIVATE LESSON	COMP

RELEASE AND INDEMNITY
PLEASE READ CAREFULLY

RE: Use of Premises and Equipment of TWISTERS GYMNASTICS

TO: TWISTERS GYMNASTICS, operating as TWISTERS (referred to in this document as TWISTERS) and its directors, officers, employees, representatives, officials, landlord and agents (collectively referred to in this document as the "Agents")

I have read the guidelines and rules issued for the use of TWISTERS premises and equipment, which I understand, and I agree to be bound by them. In consideration of your acceptance of my being permitted to use the premises and equipment and/or any activity associated therewith, I agree to RELEASE, SAVE HARMLESS AND INDEMNIFY TWISTERS and/or its agents from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to my person or property whosoever and howsoever caused, arising out of, or in connection with my use of the premises and equipment notwithstanding that the same may have been contributed to or occasioned by any act or failure to act, including, without limitation, negligence, of TWISTERS and or anyone or more of its agents. I further agree and acknowledge that:

1. The rules and guidelines governing the use of the premises and equipment are solely for that purpose and it remains my sole responsibility to act and govern myself in such a manner as to be responsible for my own safety;
2. I am aware of the risks inherent in helping my child with gymnastics activities and the use of gymnastics premises, facilities and equipment and I assume the risks and waive notice of all conditions, dangers or otherwise relating to or arising out of such use. I am aware that I am not participating in any gymnastics activity but rather helping my child with his/her gymnastics activity.
3. I am aware of the risks inherent with gymnastics activities and the use of gymnastics premises, facilities and equipment and I assume the risks and waive notice of all conditions, dangers or otherwise relating to or arising out of such use.

I further agree to HOLD HARMLESS AND INDEMNIFY TWISTERS and its agents from any and all actions, claims, demands, losses, judgements or costs of any nature to any third party resulting from my use of the premises and equipment herein and I agree not to make any claims or take any proceedings against any other person, society, corporation or other legal entity who might claim contribution or indemnity from TWISTERS and/or its agents in respect of matters which are the subject of this Release.

I agree that this Release shall bind my heirs, executors, administrators and assigns. I confirm that I am the full age of nineteen years and I have read this Release and understand it.

A FULL SET OF POLICES IS AVAILABLE ON OUR GENERAL BULLETIN BOARD IN THE LOBBY

ATHLETE NAME: _____
CAREGIVER Name: _____
CAREGIVER Signature: _____
Date: _____