

FAMILY INFORMATION	Family Last Name:		Street:			City:		State:		Zip:	
	Child #1 (First Name, MI):	Age:	Birthdate:	Sex:	Grade:	Allergies, Medical, or Other Concerns...	Program:	Class Day(s) & Time(s):		Tuition:	Adjustment:
	Child #2 (First Name, MI):	Age:	Birthdate:	Sex:	Grade:	Allergies, Medical, or Other Concerns...	Program:	Class Day(s) & Time(s):		Tuition:	Adjustment:
	Child #3 (First Name, MI):	Age:	Birthdate:	Sex:	Grade:	Allergies, Medical, or Other Concerns...	Program:	Class Day(s) & Time(s):		Tuition:	Adjustment:
	Parent #1 or Legal Guardian:			Home Phone:		Cell Phone:		Work Phone:		Preferred Hospital:	
Parent #2 or Alternative Emergency Contact:			Home Phone:		Cell Phone:		Work Phone:		Health Insurance:		

TERMS OF PARTICIPATION - RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, & INDEMNITY AGREEMENT

IN CONSIDERATION OF PARTICIPATION IN MADTOWN TWISTERS. I acknowledge, understand, and accept the statements herein. I will read the posted rules and understand that **ADULTS ARE NOT ALLOWED ON OR IN EQUIPMENT.** I understand participation in gymnastics and other sports activities involves risk and possible injury, even paralysis or death. I will not participate or allow my child's participation if there are any physical, social, emotional, behavioral or other problems that might compromise safe involvement. **INSURANCE** - I understand that injuries do occur, and that Cotter-Brown, Inc. dba/Madtown Twisters Gymnastics does not carry medical insurance for participants. **PARENT/ADULT RESPONSIBILITY TO SUPERVISE** - When I visit Madtown Twisters, or for any activity involving parental presence or participation, I understand and accept the responsibility and any associated liability of constantly supervising, controlling, and restricting activities as necessary to assure safety of the children I bring, and myself. I understand Madtown Twisters has a tremendous variety of surfaces, mats, and specialized equipment, and accept the heightened risk of injury. I will not use or allow use of any equipment I don't fully understand. **LIABILITY WAIVER** - I release, discharge, and covenant not to sue Cotter-Brown, Inc. dba/Madtown Twisters, its owners, officers, administrators, employees, agents, volunteers, other participants, sponsors, advertisers, and facility owners (Releasees) from all liability, claims, demands, losses, or damages, incurred by my child, myself, or other family members, caused or said to be caused in whole or in part by the negligence of the "Releasees" or otherwise, while participating, supervising or visiting the facilities, parking area, or traveling to or at a related activity. If I or any other party makes a claim against any of the "Releasees" on behalf of myself, a family member, or a non-family child or friend I bring, I will indemnify, save, and hold harmless each of the "Releasees" from any and all loss, liability, damage, or cost, which may incur as a result of such claim. **AUTHORIZATION OF MEDICAL CARE** - I authorize and desire medical transport and care for myself or my child. I accept responsibility for all associated expenses. **TRANSPORTATION OF PARTICIPANT** - I authorize activity related transportation of my child. **PHOTOGRAPHS AND STATEMENTS** - I authorize use of my own and my child's visual image and statements in newsletters, posters, websites and other advertising. **VALID DATES** - These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself or any family member participates in any activity at or with Madtown Twisters Gymnastics. **AGREEMENT TO PAY** - I understand there are no refunds, credits or guaranteed make-ups for missed classes due to personal reasons or inclement weather, and I am obligated to pay full tuition once a session begins. I will pay for damage to facility and equipment caused by myself or a family member.

TOTAL AMOUNT DUE - MINIMUM 50% AT REGISTRATION					OFFICE USE ONLY - PAYMENT DESCRIPTION				
Description of Adjustments (Planned Summer Vacation, Family, Etc.):	Total Tuition:	Total Adjust:	Annual Reg. Fee	Total Due:	Staff:	Date:	CK# or CC	Alternate Name	Amount Paid:
	\$	\$	\$ 25.00	\$					\$

Acceptance of Terms of Participation by Signature and Email are required	Parent or Legal Guardian Signature:	Date:	Email (will not be shared):
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Card information is destroyed after use. *The Security Code is the last 3 digits on the back Visa/MC.

CHARGE MY CREDIT CARD	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="text" value="\$"/>	PRINT NAME ON CARD:	CARD#:	EXP:	SEC. CODE
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To Register for Classes... Complete, sign and return the Registration Form. **For Day Camp...** return the Registration Form and the Day Camp Application. **Payment...** 50% payment reserves space in a class or camp. Smaller payments available by request. You may also register by phone or fax using a credit card (please call to confirm receipt). Class tuition balances are due by July 1st. Camp balances are due prior to attendance. Refunds, less \$25, are available before classes begin, or one week before any camp.

Camper:	Age:	Parent #1 or Legal Guardian:			Home Phone:	Email:	
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For Day Camps...

- 1) Please complete the individual camper, parent and location information immediately above (1 per child).
- 2) RESERVE SPACE BY CHECKING YOUR CHOICES TO THE RIGHT. DAYS MAY VARY BETWEEN EAST AND WEST LOCATIONS.
- 3) Total your tuition by the week. Place the total of all weeks below.
- 4) Complete the registration form above. Indicate "camp" for program.
- 5) Sign and return with at least 50% payment to your location choice.

Please check your weekly choices of DAY (4 hrs) or MINI (2 hrs) Camps.

	Week #1 June 16	Week #2 June 23	Week #3 June 30	Week #4 July 7	Week #5 July 14	Week #6 July 21	Week #7 July 28	Week #8 Aug 4	Week #9 Aug 11	Week #10 Aug 18	Week #11 Aug 25
Day Camps (4 hours)	All Wk										
	Mon										
	Tue										
	Wed										
	Thur										
Mini Camps (2 hours)	All Wk										
	Mon										
	Tue										
	Wed										
	Thur										
Weekly Totals \$											

Total Camp Tuition Please enter the total to the right and on the registration form above.	\$
Office Use:	