



MADTOWN TWISTERS!



How To Register... New! – Flexible Monthly Schedule – New!

To Reserve Space in Class... Please complete, sign and return: 1) payment, 2) Registration Form, 3) Participant Waiver, 4) Auto-Pay Form (if applicable). You may also use a credit card to register via phone or fax (please call to confirm receipt). We will pro-rate for mid-month starts.

Annual Registration Fee... Due each September - \$25 per child or \$35 per family – Pro-rated \$2 or \$3 per month after September.

Monthly Enrollment... Tuition is charged at a monthly rate for most classes throughout the year. Classes average four weeks per month throughout the year. We are closed for vacations approximately 4 weeks during the year.

Registration With Automatic Payment... The annual registration fee and one month of tuition is required to reserve class space. Future monthly payments are automatically deducted from your bank or credit card account on the 1st day of the month. All appropriate forms must be completed before beginning classes. Continued enrollment is assumed. Written or email cancellation must occur 30 days prior to an automatic withdrawal.

Registration Without Automatic Payment... The annual registration fee and a minimum of three months tuition is due. Future three-month tuition payments are due one month in advance to retain class space.

Registration – Other Options... We will consider a one or two month registration depending on the circumstances. Please discuss things with a manager or email info@madtowntwisters.com.

Save 50% Off a 2nd Class Per Week... We give this incredible discount because children experience much more success with 2 classes per week! There is no long-term commitment - you can drop back to one class at the end of any month.

Refund Policy... Tuition is refundable before the 1st day of your starting month only. Annual Registration Fees are non-refundable.

Family Discounts... 2nd Child – 10%, 3rd Child – 20%, 4th Child – Free (discounts taken off lowest tuition amount).

Weather - Illness... We are closed for inclement weather whenever Madison Schools close for the full day. Make ups for illness or other absence are encouraged, but are dependant upon available space in a class. Always call ahead for make ups.

MADTOWN TWISTERS – EAST
808 Walsh Road Madison, WI 53714
Voice: 608-245-9565 Fax: 608-245-9566

**Please Return Registration
To Your Location Choice.**

MADTOWN TWISTERS – WEST
PO Box 620827 Middleton, WI 53562-0827
Voice: 608-829-2922 Fax: 608-829-0003

COTTER-BROWN, INC. dba/ MADTOWN TWISTERS														
REGISTRATION FORM														
Office Use - Recorded by:					PLEASE CIRCLE LOCATION:		Starting Date:							
Attendance					Computer					East		West		
Family Last Name:			Billing Address:				City:		State:	Zip:				
FAMILY INFORMATION	#1:	Child #1 (First Name, MI):	Age:	Birthdate:	Sex:	Grade:	Allergies, Medical, or Other Concerns...	Program:	Class Day(s) & Time(s):		Tuition:			
											\$			
	#2:	Child #2 (First Name, MI):	Age:	Birthdate:	Sex:	Grade:	Allergies, Medical, or Other Concerns...	Program:	Class Day(s) & Time(s):		Tuition:			
											\$			
	#3:	Child #3 (First Name, MI):	Age:	Birthdate:	Sex:	Grade:	Allergies, Medical, or Other Concerns...	Program:	Class Day(s) & Time(s):		Tuition:			
										\$				
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:		Name of Health Insurance Carrier:					
PLEASE CHECK ONE:			Annual Registration (Due each September)		Child	Tuition	Adjustments	Description	Totals	TOTAL DUE AT REGISTRATION				
<input type="checkbox"/> With Automatic Payment – first month due at registration.			<input type="checkbox"/> \$25 - Individual Pro-rated \$2 per month if starting mid-year.		#1:	\$	\$		\$	Office Approval: Totals OK Class OK				
<input type="checkbox"/> Without Automatic Payment – three (3) months due at registration.			<input type="checkbox"/> \$35 - Family Pro-rated \$3 per month if starting mid-year.		#2:	\$	\$		\$					
					#3:	\$	\$		\$					
By reserving space in class, I accept the following: Tuition is non-refundable after the 1 st day of the start month. Annual Registration Fees are non-refundable. A signed Registration Form, Participant Waiver, and Payment Authorization Agreements (if applicable) are required before participating in class. Email is required for communication (we will not share or sell). I authorize card payment if completed below.										Office: Payment Confirmation				
Parent/Legal Guardian Signature:			Date:	Family Email:			Alternate Name		Amount Paid:					
									\$					
CHARGE MY CARD		PRINT NAME ON CARD:			CARD #:		EXPIRATION:	SECURITY CODE:	AMOUNT:					
<input type="checkbox"/> VISA <input type="checkbox"/> MC									\$					

Rev 2009-03-03



PARTICIPANT RELEASE AND WAIVER

OFFICE	FILE NAME: (FAMILY)
	DATE:

A Fully Completed and Signed Agreement is a Requirement of our Insurance Carrier Before any Participation.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

PARTICIPATION - In consideration of participation in Activities at Madtown Twisters Gymnastics, I represent that I understand the nature of these Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activities. I fully understand that these Activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Activities, the conditions in which the Activities take place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activities.

RELEASE - I hereby release, discharge, and covenant not to sue Cotter-Brown, Inc. dba/ Madtown Twisters, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

AGREEMENT - I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENTAL CONSENT - AND I, representing that I am the parent and/or legal guardian of the minor(s) listed below, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor(s) account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor(s), or anyone on the minor(s) behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost any Releasee may incur as the result of any such claim.

ADDITIONALLY, I understand and agree to the following... **RULES** - I will read the posted rules and understand that **ADULTS ARE NOT ALLOWED ON OR IN EQUIPMENT** and that minor participants are only allowed on equipment when staff are present. **APPROPRIATE BEHAVIOR** - I will behave in a manner that is respectful of facilities, staff, and participants of all ages, and understand that displays of anger, excessive frustration or emotional outbursts, inappropriate language or physical contact, threatening or abusive behavior, absolutely is not allowed. I agree to promptly leave the premises or pick up my child, if requested, without expectation of any refund. **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 all 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. **PROMPT PICK UP** - I agree to promptly pick up my child after any activity, or pay a fee of \$20.00 if later than 15 minutes. I authorize and desire that Madtown Twisters contact appropriate governmental authorities if my child is left longer than 30 minutes. **INSURANCE** - I understand that injuries do occur, and that Cotter-Brown, Inc. dba/ Madtown Twisters does not carry medical insurance for participants. **MEDICAL CARE** - I authorize and desire medical transport and care for myself or my child, and 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 advertising and promotional media. **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 or cancelled activities. I have read and agree to all payment policies. I will pay all costs of collection, and for any and all damage to facility and equipment caused by myself or a family member.

Printed Name(s) of Minor Participant(s)	Sex	Age	Birthdate	Allergies, Medical, or Other Concerns...
#1				
#2				
#3				
#4				

I sign below as an Adult Participant as Parent / Legal Guardian and for the above named Minor Participants .

Printed Name - Adult & Parent/Legal Guardian #1	Signature - Adult & Parent/Legal Guardian #1	Date Signed	Cell Phone (Emergency)
#1			
#2			
Family Email	Home Phone	Family Address (Street, City, State, Zip)	
Alternative Emergency Contact	Alternative Home Phone	Alternative Cell Phone	Relationship



PAYMENT AUTHORIZATION AGREEMENT

OFFICE

FILE NAME:
(FAMILY)

START
DATE:

END
DATE:

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC MONTHLY TUITION PAYMENTS (ACH DEBITS)**

I (we) hereby authorize COTTER-BROWN, INC. dba/ Madtown Twisters, hereafter called the COMPANY, to initiate debit entries to my (our) Checking account indicated below, hereinafter called DEPOSITORY, to debit the same such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) to its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The initial amounts shown below may be altered with customer authorization.

DEPOSITORY (YOUR BANK)	ROUTING NUMBER	YOUR ACCOUNT NUMBER
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NAME(S) ON ACCOUNT:	NAME #1	NAME #2 (IF NECESSARY)

DATE SIGNED:	SIGNATURE #1	SIGNATURE #2 (IF NECESSARY)

STUDENT #1	MONTHLY TUITION	ADJUSTMENTS	DESCRIPTION	MONTHLY DUE
STUDENT #2	MONTHLY TUITION	ADJUSTMENTS	DESCRIPTION	MONTHLY DUE
STUDENT #3	MONTHLY TUITION	ADJUSTMENTS	DESCRIPTION	MONTHLY DUE

Initial Monthly Total (deducted on or after the 1 st of each month). Changes may occur with customer authorization.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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OFFICE	
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Please attach your voided check here.