

TWIGS Kids Registration Form

Student Information

Child's Name: _____ Street Address: _____

City: _____ Zip: _____ E-mail address: _____

Contact Phone #: _____ Age: _____ Date of Birth: _____ Male/Female: _____

Are there any medical conditions we should be aware of? Yes/No If yes, please explain on back of form.

Parent/Legal Guardian/Custodian Information

Parent/Lgl Guard./Custodian Name(s) _____ Relationship _____ Work Phone _____ Cell Phone _____

Parent/Lgl Guard./Custodian Name(s) _____ Relationship _____ Work Phone _____ Cell Phone _____

Emergency Contact Name _____ Relationship _____ Phone _____ Cell Phone _____

***MUST LIST TWO CONTACTS**

Have you and/or your child set a participation goal? If so what is it? _____

How Did You Hear About Us?

- ____ Friend _____
- ____ Birthday Party _____
- ____ Attended Special Event _____
- ____ Driving By & Saw Sign _____
- ____ Was A Past Member _____
- ____ Web Site _____
- ____ Facebook _____
- ____ Other _____

Additional Siblings You are Registering (Must be immediate family members only)

Child's Name: _____ Age: _____ Date of Birth: _____ M/F _____

Child's Name: _____ Age: _____ Date of Birth: _____ M/F _____

Child's Name: _____ Age: _____ Date of Birth: _____ M/F _____

Assumption of Risk: As parent or legal guardian or having legal authority, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, swimming and diving. No matter how careful the gymnast and coach are, no matter how many spotters are used, no matter what height or landing surface exists, the risk cannot be eliminated, reduced, yes, but never eliminated. In addition, swimming or activities in or around water can result in brain damage or drowning.

____ I've read the above and agree

Waiver of Liability: I agree that I will indemnify and hold harmless TWIGS Kids, and its officers, directors, shareholders, employees and agents from all damages, costs, and attorney's fee arising from any claims by me or my child, or by any other person whether on their own behalf or by, through or on behalf of my child, relating to my child's participation in TWIGS Kids programs.

____ I've read the above and agree

Medical Authorization: Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as result of any injury sustained by me or my child while in attendance at or participating for TWIGS Kids. I understand that if my child is injured, TWIGS kids will first attempt to contact the parent(s) and then any other Contacts provided on the registration form. I understand that TWIGS Kids staff will defer to parents (or first available contact) in matters pertaining to medical treatment, including but not limited to calling 911 or other assistance in tending to my injured child. I understand that TWIGS Kids reserves the right to not treat or move an injured child if the staff decides said action might further injure the child. I hereby authorize the staff at TWIGS Kids to act according to the above policies and according to their best judgment in the event of a medical emergency. _____ I've read the above and agree

Please Continue on Back Side...

TWIGS Kids Gymnastics, Swimming, & Cheer 1900 S. Alex Rd 866-8356
Fisher Athletics d/b/a TWIGS Kids referred to herein as "TWIGS Kids"

Photo/Video Release: I understand and agree that photos/video taken of me or my child(ren) by TWIGS Kids may appear in advertisement publications including marketing advertising and promotional materials in print and online with our club website and social media and/or be available for resale. _____ **I've read the above and agree**

Credit Card on File Policy: I understand that TWIGS Kids is a continuous lesson program. This means I am enrolling my child(ren) on an ongoing monthly basis. I understand that TWIGS Kids requires a credit card to be kept on file, and the credit card left on file must be in the name of the financially responsible person signing this form. I understand the credit card on file will be charged on the first (1st) of every month for my child(ren)'s monthly tuition. If the card on file is declined or expired, you have until the 7th to pay in full, otherwise a \$15 late fee will occur. If you would like to pay by other means before the 1st, you may. Cancelling your child(ren)'s classes is as simple as letting the office know on the 25th of the previous month. _____ **I've read the above and agree**

Return Check/Registration Fee Policy: I understand that a \$20 fee will be charged for any re-run or returned check. I further agree that registration fees, which are paid once a year for each child, are non-refundable, even if at the time of registration I am aware that I won't be attending for the entire year. _____ **I've read the above and agree**

Class Commitment Policy: I understand that I am purchasing the class spot which my child(ren) is enrolled for, for an ongoing monthly basis. If my child(ren) is unable to attend class or chooses to withdraw prior to the end of the month, except with a written medical waiver, she/he is allowed one (1) make-up class per month. They may come during an open gym or make up their missed class during another class time. You must call the TWIGS Kids office on the day of or the day before you would like your child(ren) to make up to see if there is any availability if you choose to make up during another class time. I understand and agree that by attending one (1) class during the month I am responsible to pay for the entire month of classes whether all classes are attended or not, unless otherwise authorized by the TWIGS Kids office manager. If paying and not attending one class for the month, we must be notified within one week in order to give a refund. After one week we can not give a refund (you have committed to that month's classes). Cancelling your child(ren)'s classes is as simple as letting the office know on the 25th of the previous month. _____ **I've read the above and agree**

Code of Conduct: Anyone coming on TWIGS premises must follow its rules and directives. I understand that maintaining a positive learning environment depends on everyone abiding by the rules and directives of TWIGS and its staff, and avoiding any argumentative, derogatory, or disrespectful conduct. I understand and agree that as a condition of my child's participation in any TWIGS program, my child and all family members/guests are required to follow rules and directives from TWIGS and our staff. If there is a failure to comply with such rules or directives, I understand that my child and all family members/guests may be instructed to leave the premises, and may be permanently expelled and barred from the premises in TWIGS sole discretion. I understand that there will be no refund or other compensation if my child is either temporarily suspended or permanently expelled. I represent that I have notified TWIGS if I am aware of any reason that my child will have difficulty complying with this policy. _____ **I've read the above and agree**

Personal Items Policy: TWIGS Kids is not responsible for any lost/stolen items that have been left behind in our facility by you or your children. _____ **I've read the above and agree**

Illness Policy: I further understand and agree that it is my responsibility to hold my child out of class if he/she has been diagnosed with any illness that can potentially be transmitted to others including but not limited to poison ivy, poison oak, pink eye, flu symptoms, etc. and it is my responsibility to inform TWIGS Kids of such conditions including providing a doctors release if/when the contamination period has ended and my child is released from the care of his/her physician and may return to normal group activity. It is not TWIGS Kids responsibility to attempt to medically diagnose such illnesses and will not be held responsible should a child be brought to TWIGS Kids with such medical conditions. _____ **I've read the above and agree**

Financial Responsibility: I acknowledge and agree that I have the sole and full financial responsibility for all fees and other indebtedness incurred relating to my child's participation in TWIGS Kids programs. I agree to pay all fees in full without regard to any arrangement I may have with any other person for sharing responsibility for such fees. _____ **I've read the above and agree**

Furthermore, I have read and understand the Assumption of Risk, Waiver of Liability, Medical Authorization, Photo Release, Tuition/Credit Card on File Policy, Return Check/Registration Fee Policy, Class Commitment Policy, Code of Conduct, Personal Items Policy, Illness Policy, and Financial Responsibility policies, initialed above, and I voluntarily affix my name in agreement. I further certify that I have legal authority to register and enroll the child(ren) due to the following: 1) I am the child(rens) parent with legal authority to register child(ren) 2) if divorced or dissolution, have court ordered authority by the Decree (custodial parent or parenting time) 3) court appointed Guardian 4) legal custody through Juvenile court.

Signature of Parent/Legal Guardian/Custodian _____ Date _____

I have received a TWIGS Kids Registration, Information Packet, & Calendar: _____
(Parent /Legal Guardian/Custodian Initial)

Medical Conditions (if applicable) please explain: