

## BERLIN ACTIVITIES DEPOT MEMBER FORM

### PARENT NAME

Salutation:

Parent Last Name:

Parent First Name:

Parent Middle Initial:

### PARENT PERSONAL INFORMATION

Parent Date of Birth:

Gender:

Marital Status (please circle):      Single

Married

Undisclosed

Emergency Contact Name:

Emergency Contact Mobile:

Emergency Contact Home:

Join Date:

### PARENT ADDRESS

Home Street Address:

City:

State:

ZIP Code:

### PARENT TELEPHONE (NEED 2)

Mobile:  
Name:

Home:  
Name:

Business:  
Name:

Other:  
Name:

### PARENT EMAIL (FOR RECEIPTS)

Parent Email:

### BILLING

Credit Card Number:

Name on Card:

Expiration Date (month/year):

### BILLING ADDRESS IF DIFFERENT THAN MAILING

Street Address:

City:

State:

ZIP Code:

### PARENT ALLERGIES (IF APPLICABLE)

Allergies (medications, foods, environmental, anaphylactic, animal, topical):

NONE: ☐

## CHILD

### CHILD NAME (1)

Child (1) Date of Birth:

Child Last Name:

Child First Name:

Child Middle Initial:

Gender:

### CHILD NAME (2)

Child (2) Date of Birth:

Child Last Name:

Child First Name:

Child Middle Initial:

Gender:

### CHILD PERSONAL INFORMATION

Emergency Contact Name:

Emergency Contact Mobile:

Emergency Contact Home:

Join Date:

### CHILD ADDRESS (IF DIFFERENT THAN PARENT)

Home Street Address:

City:

State:

ZIP Code:

### CHILD ALLERGIES

Allergies (medications, foods, environmental, anaphylactic, animal, topical):

\_\_\_\_\_

NONE: ☐

## PROGRAM

Program Interest (Circle One):

Recreational Gymnastics / Pre-Team Gymnastics / Team Gymnastics / Twist Elite Youth Cheer/

Twist Elite Senior Cheer / Ninja Nation / Tumbling 2's & 3's / Open Gym / Karate / Jiu Jitsu /

Berlin Education Station Day Care / Summer Camp / After School Program / Mommy & Me / Tryout / Adult Fitness

Level (if applicable): \_\_\_\_\_

Day(s) of Week:

Time:

## Berlin Activities Depot Member Registration Form

### 1. Annual Membership fee

Annual Membership registration is due **September 1<sup>st</sup> or at time of sign up**, not subject to prorating. Annual Membership fee amount is **\$50.00**. If you choose to have your child enrolled in **summer camp**, an **additional \$50.00** will be due on June 1<sup>st</sup>. If you are registering strictly for summer camp enrollment it will be \$100.00 due on June 1<sup>st</sup>. No refunds or credits apply to any registration fee, session fees, summer camp fees, team fees, recreational fees, or any missed classes. Any missed classes at the end of a session automatically drop off. \_\_\_\_\_ (initial)

### 2. Drop out Policy/Change in Enrollment

**All Programs:** One month written notice is required to drop out of Twisters recreational, pre-team and competitive team gymnastics program or for change in enrollment.

**\*All written notices must be turned in by the 1<sup>st</sup> of the month**

**\*Payment during your final month notice will still be due in full amount regardless of attendance.**

**\*After your notice end date you will be released of your contract with Twisters.** \_\_\_\_\_ (initial)

### 3. Make up policy-Recreational students only

If your child has missed a class for any reason, you may make in a similar class unless otherwise scheduled by Twisters. Make up classes must be taken within a week of the missed class or a week prior of expected absences. Make ups do not roll over month to month. I will inform the front desk in writing when I intend to have my child make up a class and which class they have chosen. For competitive team students, if practice is missed, time is lost unless otherwise scheduled by Twisters. \_\_\_\_\_ (initial)

### 4. Fees

**Late pick up fee:** If you are late picking up your child past closing time, you will be charged \$5 per minute.

**Open Gym charges:** If your child is in the building before or after their designated class/team practice end time they will be signed into Open Gym at \$10 per hour; charged in 30 minute increments.

**Late Payment fee:** If your monthly tuition is paid after 5PM on the 1<sup>st</sup> of the month, a \$15.00 late payment fee will apply.

**\*Any additional services outside of your child's enrollment will have additional charges.** \_\_\_\_\_ (initial)

### 5. Return check policy

There is a \$35.00 fee for any checks that are returned. If this occurs, both the original check amount and the fee are due by cash, certified/cashier's check, or money order. No personal checks.

\_\_\_\_\_ (initial)

### 6. Credit Card Authorization Form

All members must have a credit card authorization form on file. Tuition can be charged through your card on file or another form of payment. If your account becomes past due for any reason, your credit card on file will be charged. If at any time your credit card expires you will be required to inform B.A.D and put a new one of file. If your tuition is unsuccessfully processed you will be subject to a \$35.00 credit card decline fee. \_\_\_\_\_ (initial)

### 7. Enrollment/Tuition

*Tuition must be paid before your child participates in any classes. I understand that if I do not pay my child's tuition, legal fees will apply.*

**Recreational:** Recreational classes run month to month.

75 minute classes-\$75/month

60 minute classes- \$65/month

45 minute classes- \$60/month

**\*Full session amount or 1 full month tuition is due at the time of enrollment with Membership fee is applicable.**

**\*Additional classes for same students are ½ priced**

**\*Pro-rate \$10 less per class per week missed after session start date**

**Developmental:** Developmental classes are paid monthly due by the 1<sup>st</sup> of each month.

3 hours/week: \$150/month

**Competitive:**

Competitive tuition is to be paid monthly.

Please see front desk for your team tuition

**Before/After School Program**

All tuition is due by Monday at 5PM or \$15 late fee will apply. All programs end at 6PM—extended care available; includes before care.

2 days/week: \$55

3 days/week: \$65

4 days/week: \$72

5 days/week: \$85

**\*New year-round care available at \$105/week includes Summer Camp see details at front desk\***

\_\_\_\_\_ (initial)

### 8. Open Gym

Current Members: \$10/hour Non-Members: \$12/hour

Open Gym charges must be paid before entering the gym; ages 3 (potty trained)-15 years old

**\*Please see front desk for current schedule\***

\_\_\_\_\_ (initial)

### 9. Private Lessons

Private lessons range from \$40/hr to \$90/hr depending on the experience of the coach. Private lessons must be pre-paid in full at time of scheduling. Missed/cancelled lessons still require payment unless given 48 hour notice.

**\*Additional students can be added for \$10 per student**

\_\_\_\_\_ (initial)

### 10. One time drop in

We offer a one-time drop in class rate of \$20 per hour. After first drop-in membership fee will apply. \_\_\_\_\_ (initial)

### 11. Missed Payments/Classes

I understand that if payment is not made by the due date, my account with BAD is subject to late payment of \$15.00 with penalties/possible suspension of my child's enrollment which will be charged to my credit card on file. I understand at the end of the month, all make up classes will be forfeited. If your tuition is unsuccessfully processed you will be subject to a \$35.00 credit card decline fee. \_\_\_\_\_ (initial)

Parental release: I, parent or legal guardian of the above child, hereby give approval and permission in any and all risk and hazard. Incidental to such participation and do hereby waive, release, absolve, indemnity, and agree to hold harmless Twisters Inc., the employees, owners, supervisors, coaching instructors, and any subcontractors working with Twisters Inc. If my child has any physical condition that may impair their ability to engage in these activities, I will consult my physician prior to undertaking any physical exercise program. If necessary, I authorize Twisters Inc. to administer first aid and/or authorize medical treatment. Students are expected to carry their own medical and accident insurance. In signing, below, I agree to be responsible for any medical bills incurred during my child's participation at Twisters Inc. I give my permission for Twisters Inc. to take and use any photos of my child for the purpose of advertising or website use. This waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. By signing this release, I understand the policies and liabilities that may occur in sports activities. I understand there are no refunds or credits given. In the event of a legal dispute, I will pay all Twisters Inc. legal fees.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

### Credit Card Authorization Form:

I authorize Twisters Inc. to charge my credit card in the amount of \_\_\_\_\_ monthly.  
This payment is for \_\_\_\_\_ (child) enrolled in \_\_\_\_\_ (program). I also understand that my credit card number will go on file at Twisters for future payments that I may need to make.

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

I authorize Twisters Inc. to charge the above card in the event that I am late paying my tuition on the required due date or for any incidentals my child may need. This will prevent any late payment charges from begin assessed to my account.

MONTHLY PAYMENTS MUST BE MADE BY THE 1<sup>ST</sup> OF THE MONTH BY 5PM.

PAYMENTS AFTER ABOVE TIME ARE LATE & WILL BE CHARGED A LATE FEE.

**PAYMENTS WILL BE TAKEN OUT AUTOMATICALLY.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

☐ Check if child has permission to charge snacks. X \_\_\_\_\_ Date: \_\_\_\_\_ Amount to charge: \_\_\_\_\_  
(Signature)

I understand that this is a legally binding contract. I will provide another credit card to keep on file in the event of my current card is expiring. I have read and agree to follow the policies of Twisters Inc. I understand that my tuition must be paid **before my child takes any classes**. I also understand that Twisters does not issue refunds or credits, at the close of each month all classes missed will be wiped out. I understand this contract pertains to all classes. I understand that if I choose to un-enroll during my contracted time, that I am responsible to pay the remainder of the contracted amount. I will follow the general rules and tuition payment schedule. I also understand that if payment is not made by the given due date that my account with Twisters is subject to late payment penalties which will be charged to this card. If my account with Twisters Inc. falls past due at any time for any reason after 7 days this card will be charged. I certify that my child has no major disabilities or conditions that could impair his/her active participation. I understand that in the event of a dispute, I am responsible to pay any and all legal/lawyer fees and costs that may occur. I understand that this contract automatically updates itself without written notice of withdrawal at least two weeks for recreational and two months for team classes, in advance.

X \_\_\_\_\_ I further understand that my credit card will be charged to agreed amount as stated above upon signing this agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Twisters Inc. Berlin Activities Depot Waiver and release Athletic Membership Agreement and Information

Fill in all blanks; submit forms for current season only, bearing original signatures (photocopies or facsimiles not acceptable).

#### Agreement

In consideration of my membership in Twisters Inc., and my participation in Twisters Inc. classes, events, and activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with the rules of Twisters Inc.
2. Readiness to participate: I will only participate in those Twisters classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises, which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury
3. Medical Attention: I hereby give my consent to Twister Inc. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I further agree that Twisters Inc. and the sponsor of any Twister Inc. events, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in any event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

**Information:** Primary Medical Insurance: I am covered by primary health/medical/accident insurance through;

\_\_\_\_\_  
I am a citizen of the U.S

- ☐ Yes  
☐ No

Signature of Athlete: \_\_\_\_\_

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Twisters Inc.

Printed name of Parent or Guardian

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_