

TWISTERS SPORTS CENTER
 2639 Terminal Boulevard
 Mountain View, CA 94043
 (650) 967-5581 ph
 (650) 967-7149 fax
 twisterssportscenter.com

Twisters Rock Gym
 Registration and Release
 Part A

All drop-ins, trial classes, and new registrations must have this form filled out legibly, completely, and on both front and back before participating in any activity. **All youth participants must be signed for by a parent or legal guardian.** Please ask for assistance or clarification if you are unsure about any portion of this document.

Adult Climber Name(s)	M/F	Birthday	Day(s)	Time*	Cost*
		/ /	M T W TH F S		
		/ /	M T W TH F S		
Youth Climber / Parent Name(s)	M/F	Birthday	Day(s)	Time*	Cost*
/		/ /	M T W TH F S		
/		/ /	M T W TH F S		

*Office Use

Contact Information (required)

Address _____ City _____ Zip _____
 email _____ Ph _____ Cell _____
 Emergency Contact _____ Ph _____ Relationship _____
 How did you hear about us? _____

Daily Classes / Rates

†per hour for each climber

Drop-In Climbing	\$12	Belay and Basic Lesson (2hr)	\$45
Shoe or Harness Renta	\$3	Drop-In with Staff Belayer†	\$25
Shoe and Harness Rental	\$5	1/2 Price Friday	\$6
Basic Climbing Lesson (1hr)	\$30	Student/Teacher Drop-In	\$9
Belay Lesson (1hr)	\$35		

Monthly Program Fees / Autopay Fees

Kinder Climbing (3 to 6 yrs)	\$72 / \$67	Developmental Youth	\$134 / \$129
Beginner (7 to 14 yrs)	\$79 / \$74	Competitive Team A	\$211 / \$206
Kinder / Beginner (5 to 7 yrs)	\$79 / \$74	Competitive Team B	\$188 / \$183

*Sign up for **Autopay** and receive \$5 off your monthly tuition.
 Discount does not apply to pro-rated amounts.

DISCOUNTS
10% OFF
 2ND Child
 and/or
 2ND Class

ANNUAL INSURANCE FEE

Single	\$50
Family	\$75
Insurance Fee	\$ _____
1st Child/Class/Month	\$ _____
2nd Child/Class/Month	\$ _____
Prorated Amount	\$ _____
Additional Fees	\$ _____
Total	\$ _____
Start Date	___ / ___ / _____

METHOD OF PAYMENT	Total Due _____
Cash Amount _____	Check Number _____
Credit Card Visa Mastercard American Express	Autopay Yes / No
Card # _____ / _____ / _____	Exp ____ / ____
Name as it appears on credit card _____	
Cardholder Signature _____	

See reverse for **Part B**









In consideration of the Below Named Participants (called the "BNP") participating in any Twisters Gymnastics, Inc. Activity/Event, I and the "BNP" understands the nature of this Activity/Event and that the "BNP" is/are qualified, in good health, and in proper physical condition to participate in such Activity/Event. I and the "BNP" acknowledge that if I or the "BNP" believe Activity/Event conditions are unsafe, "BNP" will immediately discontinue participation in the Activity/Event. I and the "BNP" fully understand that this Activity/Event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my or the "BNP" actions, or inactions, those of others participating in the Activity/Event, the conditions in which the event takes place, or the negligence of Twisters Gymnastics, Inc., it's respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises (each considered one of the "RELEASEES" herein); and that there may be other risks either not known to myself or the "BNP" or not readily foreseeable at this time. I and "BNP" fully accept and assume all such risks and responsibility for losses, cost and damages, that I or the "BNP" incur as a result of the "BNP" participation in any Activity/Event.

I and "BNP" hereby release, discharge and covenant not to sue and agree to indemnify and save and hold harmless the "Releasees" from all liability, claims, demands, losses, or damages, on my or the "BNP" account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations. I and the "BNP" further agree that if, despite this "Agreement", I, the "BNP" or anyone on my or the "BNP"'s behalf, makes a claim against any of the "Releasees", I will indemnify, save, and hold harmless each of the "Releasees" from any litigation expenses, lawyer fees, loss, liability, claims, damage or cost, which "Releasees" may incur as a result of such claim.

I and the "BNP" have read the "Agreement", understand that I and the "BNP" have given up substantial rights by signing it and have signed 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. AND I, the minors parent and/or legal guardian, understand the nature of the above referenced activities and the Minors 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 minors 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, or anyone on the minors behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, 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.

Please complete info by all arrows below:

	
Printed Name of Youth Climber 1	Printed Name of Adult Climber 1
	
Printed Name of Youth Climber 2	Signature of Adult Climber 2
	 / /
Signature of Parent/Legal Guardian of Above Named Participant(s)	Date

OFFICE USE ONLY

Important: The parent and/or legal guardian signing the release waiver must sign in person OR attach a copy of their drivers license to this form. A copy of the drivers license required to verify that the signatures on both the release waiver and the drivers license match.

Printed name of staff person verifying Parent/Legal Guardian signature: _____