



HAWAIIAN ISLAND TWISTERS

Membership Form

Student's Information:

First Name: _____ Last Name: _____
 Home Address: _____ City: _____, HI Zip: _____
 Home Phone: _____ Birth Date: ____ / ____ / ____ Gender: M / F

Parent/Guardian Information: Check parent/guardian responsible for billing

____ Mother's First Name: _____ Last: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 ____ Father's First Name: _____ Last: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email Address (please print clearly): _____

How did you hear about us? (PLEASE circle ALL that apply):

WEBSITE	(PRE)SCHOOL FLYER	POSTER	YELLOW PAGES	HOMESCHOOL DIRECTORY	WORD OF MOUTH
	SIGN OUT FRONT	HITS COACH	CHEER COACH	OTHER INSTRUCTOR	FRIEND/RELATIVE
CURRENT STUDENT	EXHIBITION	SCHOOL NAME _____	OTHER _____		

Emergency Contact & Medical Information:

Emergency Contact Name: _____ Relationship to Student/Family: _____
 Primary Phone: _____ Alternate Phone: _____
 Family Physician's Name: _____ Phone: _____
 Preferred Hospital/Facility: _____ Hospital City: _____
 Medical Insurance Provider: _____ Policy #: _____
 Known Medical Conditions, Allergies, and/or Injuries: _____

Terms & Conditions: (Please Initial By Each Term)

____ TUITION FEE: I agree to pay monthly tuition by the first day of each month. I understand that if tuition is not received on or before the 7th of the month that a \$10.00 late fee will be assessed. Tuition may be paid by cash, check, or credit card at the gym office, over the phone, or by mail. I understand that failure to pay tuition and all applicable fees may result in the termination of enrollment at Hawaiian Island Twisters Gymnastics.

____ ANNUAL MEMBERSHIP FEE: I understand that a **NON-REFUNDABLE ANNUAL** membership fee of \$50.00 (or up to \$100.00 per family for recreational gymnasts only) is payable upon enrollment and each subsequent year of enrollment thereafter.

____ DROPPING CLASSES: I understand that discontinuance of class is permitted with a 10-day advanced written notification to the office. A handwritten note from the parent or guardian, or a completed drop form from the office, is sufficient.

____ MAKE-UP CLASSES: There are **NO refunds, discounts, or prorating** if your student is absent. Your child is eligible to make-up one missed class in one quarter. This class must be scheduled in advance with the Front Desk and must be completed during the Saturday Session Break. For extended breaks, vacations, illness, etc., please make arrangements for discontinuation of classes with the Front Desk.

____ HOLIDAYS, CLOSINGS, AND CANCELLATIONS: The gym reserves the right to cancel any class for reasons such as federal holidays, hosted gymnastics meets, and other special events. If class is NOT being held, it will be posted at the gym and/or on the website. Please refer to the "HITS Session/Event Calendar" for these recreational program closings.

PLEASE PROCEED TO THE BACKSIDE TO READ THROUGH AND COMPLETE THE RELEASE WAIVER FOR STUDENT PARTICIPATION. NOTE THAT THERE ARE **TWO** PLACES TO READ AND SIGN. Mahalo!

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

I in consideration of participating in the classes at HAWAIIAN ISLAND TWISTERS, INC. I represent that I understand the nature of this activity and that my child is qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue my child's participation in the activity.

I fully understand that this activity involves 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 event, the conditions in which the event takes 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 my child incurs as a result of my child's participation in the activity.

I hereby release, discharge, and covenant not to sue Hawaiian Island 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 further 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 be incurred as the result of such claim.

I hereby grant permission for my child to be included in evaluations and photographs, videotapes and tape recordings for non-profit educational and promotional purposes.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up my 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.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

I hereby authorize HITS gymnastics, or any employees thereof to call any medical or other emergency personnel and/or arrange for medical treatment, including diagnostic, hospital, or surgical procedures as may be prescribed or performed by a treating physician for the named student, if I cannot be reached in the case of any emergency. This consent includes, but is not limited to: examinations, tests, medical treatment, administration of necessary anesthetics, transfusions, or drugs and the performing of whatever operations that may be deemed necessary or advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospitalization being required. This authorization shall remain in effect until revoked in writing. Attempts will be made to contact the person/guardian prior to medical treatment. I understand that HITS personnel may transport my child to the preferred facility in the case of an emergency.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Office Use Only

Class/Level _____ Times/Week _____ Day(s) _____ Time(s) _____

Start Date ____/____/____ Reg. Mon Tuition \$ _____ Prorated Amount \$ _____ Membership Fee \$ _____

Total Amount Paid \$ _____ by: CASH CHECK CHARGE T-Shirt Given: Y / N Application taken by: _____
(Initial)

NOTES: _____