

Twisters

Tony Retrosi Clinic Registration

Host Gym: Twisters Gymnastics, 11526 Rhody Drive, Port Hadlock, WA 98339

Date: Saturday, June 16th, 2018

Time: 10am-4pm

Cost: \$100 per athlete

Includes: Lunch and a lot of learning from Tony and several other experienced professionals. Please bring your own re-usable non-glass water bottle.

Questions? Please call Twisters at 360-531-0748 or email twistersgymnastics@hotmail.com.

Participant Name (first) _____ (last) _____ Date of birth _____ Age ____ M ____ F ____

Mailing Address _____ City _____ Zip _____

Parent/Guardian Name (first) _____ (last) _____

Parent/Guardian Name (first) _____ (last) _____

Home Phone _____ Cell Phone _____ Alternate Phone _____

E-mail Address _____

How did you hear about this clinic? _____

Level Competed this past season: _____

Clinic Fee: **\$100** Total enclosed: _____ Payment Type: Cash or Check #: _____

*Space is limited to 40 athletes. Payment by May 15th is required to reserve your spot. Please make checks payable to **Twisters Gymnastics**.*

Does your child have any special needs or health issues that we should be aware of in order to better support her/him during this clinic?

Twisters Gymnastics Registration Form and Hold Harmless Agreement and Photo Release

In consideration of Twisters Gymnastics, I/we, the undersigned, realizing no insurance coverage is provided for the participants and that without this Hold Harmless Agreement the organization would not be able to provide such recreational activities, will assume financial responsibility for any cost and/or damages relating to any accident or injury that might occur while participating in the named program.

I understand that there are certain risks and hazards involved in participating in the activities listed on this registration form that may result in injury or death to my child or other participants, including, but not limited to those hazards associated with playing conditions, equipment and other participants.

I understand that my child may be photographed and I give consent for the use of photos to publicize Twisters Gymnastics.

I voluntarily elect to accept and assume all risks if injury incurred by my child (a) while practicing or playing as a member of the class/team so designated, (b) while serving in a non-playing capacity as a class/team member during practice or play by other teams or by other players on the team, and (c) while on or upon the premises of any and all of the areas arranged for by the team or league for practice or play, (d) while participating in any Twisters Gymnastics' activities. Furthermore, I/we will not hold Twisters Gymnastics employees/volunteers/board members or anyone otherwise involved in the named program responsible for any accident or injury that might occur. Having read and fully understood the above agreement, I/we do hereby agree to its terms:

Signed: _____ Date: _____

***Send payment & registration form to Twisters, 11526 Rhody Dr., Port Hadlock, WA 98339.**

Registration is not complete until payment is received. Space cannot be reserved without payment.

Twisters Gymnastics is a not-for-profit organization whose mission is to inspire youth to reach their full potential through gymnastics and fitness.