



2021 Twisters Gymnastics Summer Camp

June 28th - Sept 3rd



Twisters Gymnastics will be offering an exciting, fun filled day camp program run by our EXPERIENCED staff members! Twisters has been running a successful summer camp for over 25 years and our goal has always been to promote your child's self esteem and confidence while they have fun, build friendships, and learn the fundamentals of gymnastics.

*** Camp will run for a total of 10 weeks***

*** Full day- 9:00-4:00***

* Before Care begins 8:00

* After Care until 6:00



The more you come the more you save!!



2 Day Tues & Thurs	3 Day Mon, Wed & Fri	5 Day Mon-Fri
1-4 Weeks- \$150 per week	1-4 Weeks- \$210 per week	1-4 Weeks- \$330 per week
5-7 weeks- \$138 per week	5-7 weeks- \$192 per week	5-7 weeks- \$300 per week
8-10 weeks- \$122 per week	8-10 weeks- \$168 per week	8-10 weeks- \$260 per week
B/C- \$10 per week	B/C- \$15 per week	B/C- \$25 per week
A/C- \$20 per week	A/C- \$30 per week	A/C- \$50 per week

\$20 registration fee for non-members

Most weeks will have special visitors at an additional charge (\$5-25 per child). Full info available in the info packet.

Please keep in mind there are NO REFUNDS OR MAKE-UPS allowed for camp!

ACTIVITIES INCLUDE:



* Instructed gymnastics * Open workouts * Inflatables

* Outside play * Team sports * Games * Themed days * Arts & crafts



MINIMUM AGE FOR CAMP IS 5 YEARS OLD

Twisters Gymnastics 2021 Summer Camp Application



On roster <input type="checkbox"/>	Mailing list <input type="checkbox"/>
Visitor Events <input type="checkbox"/>	Packet <input type="checkbox"/>

Camper Name: _____ Age: _____ DOB: _____ F/M _____

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Address: _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Father's Name/Cell #: _____

Mother's Name/Cell #: _____

Email: _____

Emergency Contact (other than parent): _____ Phone: _____

Credit Card # (REQUIRED): _____ Exp. Date: _____ CVV: _____

****Credit cards will only be charged for unpaid balances after your camp starts and unpaid before/after care payments**
A \$100 non-refundable deposit per child is due at the time of reservation. The remaining balance and all paperwork is due in full ON/BEFORE your child's first day of camp.**

Please circle:				FULL DAY			
Week 1	2 DAYS	3 DAYS	5 DAYS	Week 2	2 DAYS	3 DAYS	5 DAYS
Week 3	2 DAYS	3 DAYS	5 DAYS	Week 4	2 DAYS	3 DAYS	5 DAYS
Week 5	2 DAYS	3 DAYS	5 DAYS	Week 6	2 DAYS	3 DAYS	5 DAYS
Week 7	2 DAYS	3 DAYS	5 DAYS	Week 8	2 DAYS	3 DAYS	5 DAYS
Week 9	2 DAYS	3 DAYS	5 DAYS	Week 10	2 DAYS	3 DAYS	5 DAYS

Office Use Only:	
Total Weeks:	Total Due:
Deposit Amount:	
Date:	MOP/Rec #:
Payment Amount:	
Date:	MOP/Rec #:
Payment Amount:	
Date:	MOP/Rec #:
Payment Amount:	
Date:	MOP/Rec #:
B/C Care Total:	
Date:	MOP/Rec #:
Extra's Total:	
Date:	MOP/Rec #:

I understand that there are NO REFUNDS/MAKE-UPS/SWITCHING DAYS after the deposit is made.
I/We the parent(s)/legal guardian (if under the age of 18) of _____
realize and acknowledge that gymnastics is a physical activity involving potential risk to the
participant and agree to hold harmless and indemnify Twisters Gymnastics, its instructors, employees
officers, directors, and agents from any and all claims. Any special medical conditions which might
affect our child's participation in gymnastics have been indicated.
*Agreed to by (parent/guardian) _____ Date: _____