



# MADTOWN! TWISTERS!



West Madison – Old Sauk Road  
2009-2010 School Year

## Monthly Class Schedule - Effective Aug. 31<sup>st</sup>, 2009 Through May 31<sup>st</sup>, 2010

PROGRAM / AGE / LENGTH		TUITION	CLASS DAYS / TIMES					
<b>YOUNGER KIDS</b>		<b>Monthly</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>
Parent-Child Gym – Walking to Age 3 Fun, social, a multitude of activities.	45 min. class	\$50	10:00 am	9:15 am	10:00 am		8:45 am	9:00 am
Tumble Tales! – Independent Storybook gymnastics at its very best.	45 min. class	\$60	9:00 am		9:00 am 5:30 pm			
Tots – Ages 3+ to 5 A fun mix of gymnastic fundamentals and other physical skills necessary for any sport.	50 min. class	\$65	10:00 am	10:00 am 5:30 pm	10:00 am 6:20 pm	10:00 am 5:30 pm	1:00 pm	9:00 am 10:00 am 11:00 am
	90 min. class	\$90	4:00 pm	9:15 am 4:00 pm	4:00 pm	9:15 am 4:00 pm		
<b>GIRLS GYMNASTICS</b>		<b>Monthly</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>
Mini-Girls – Ages 5-8 Instruction on 4 Olympic events and tramp.	70 min. class	\$75		5:30 pm	5:30 pm	5:30 pm		11:00 am
	90 min. class	\$90	4:00 pm 5:30 pm	4:00 pm	4:00 pm	4:00 pm	5:30 pm	9:30 am
Mini Girls Pre-Team – Ages 5-8 Coach Consent Required	2 hr. class	\$110	4:00 pm		4:00 pm			
Mid-Girls – Ages 8 & older.	90 min. class	\$90	5:30 pm 7:00 pm		4:00 pm	4:00 pm	5:15 pm	9:30 am
Mid-Girls Rec Team – Ages 7 & older All levels – fun, participation oriented team.	2 hr. class	\$110		4:00 pm		4:00 pm		
Jr. High / High School Dates adjusted for High School season.	2 hr. class	\$110		6:15 pm		6:15 pm		
<b>BOYS GYMNASTICS</b>		<b>Monthly</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>
Mini-Boys – Ages 5-7 6 Olympic events and trampoline.	70 min. class	\$75		4:00 pm	5:30 pm	4:00 pm		9:30 am
Mid-Boys – Ages 7 & older 6 Olympic events and trampoline.	70 min. class	\$75	5:30 pm		7:00 pm			11:00 am
Advanced Boys Coach Consent Required	90 min. class	\$90	4:00 pm		4:00 pm			
<b>TRAMPOLINE &amp; TUMBLING</b>		<b>Monthly</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>
Tramp & Tumbling - Ages 5-8 - Coed	70 min. class	\$75			4:00 pm		4:00 pm	
Tramp & Tumbling - Age 8 & up - Coed	70 min. class	\$75	7:00 pm		7:00 pm			
<b>Special Needs</b>		<b>Monthly</b>	<b>Sat</b>					
All Ages	60 min. class	\$8 per class	12:30 pm					

If you don't see a class time that works, please call or email  
[info@madtowntwisters.com](mailto:info@madtowntwisters.com). We may be able to offer additional times. Thanks!

**SAVE 50%**  
**ON A SECOND CLASS!**  
**Learn Much More! Have more fun!**

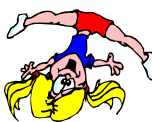
**CHECK OUT OUR OPEN GYMS, PARTIES AND DAY CAMPS!**

Gym Location: 7035 Old Sauk Rd. (behind Dental Health) Mail: P.O. Box 620827 Middleton, WI 53562-0827  
Voice: 608-829-2922 Fax: 608-829-0003 Email: [flippin@madtowntwisters.com](mailto:flippin@madtowntwisters.com)

Rev 2009-008-03



# MADTOWN TWISTERS!



## How To Register... 2009-2010 School Year

**Welcome to the Madtown Twisters Family!** We have been offering the best in gymnastics for boys and girls of all ages since 1982.

**Monthly Enrollment...** Tuition is by month. Classes average 4 weeks per month. We close for vacations 4 weeks during the year.

**Your Commitment...** There is no long-term commitment. However, to safeguard your child's space in class, continued enrollment is assumed. Written notice must be received by the 10th to withdraw at that month's end, or be responsible the following month's tuition.

**Check the Class Schedule...** Choose a location, program and class time. Twice per week offers a huge savings. Your child will learn much more!

**Annual Registration Fee (Waived with Automatic Payment)...** Due each September - \$30 per family - Pro-rated Quarterly after September.

**With Automatic Payment...** Future monthly payments are automatically deducted from your checking account on the 1<sup>st</sup> day of the month.

**Without Automatic Payment...** Future monthly payments are due by the 1<sup>st</sup> of the month. There is a \$10 late fee after the 5<sup>th</sup> of the month.

**To Reserve Space in Class...** The annual registration fee (waived with Automatic Payment) and one month of tuition is required to reserve class space. Please complete, sign and return: 1) Registration Form, 2) Payment, 3) Participant Waiver, 4) Auto-Pay Form (if applicable). You may also use a credit card to register via phone or fax (please call to confirm receipt). Completed and signed forms are required before participation.

**Refund Policy...** Tuition is refundable before the 1<sup>st</sup> day of your starting month only. Annual Registration Fees are non-refundable.

**Family Discounts...** 2<sup>nd</sup> Child - 10%, 3<sup>rd</sup> Child - 20%, 4<sup>th</sup> Child - Free (discounts taken off lowest tuition amount).

**Illness...** Make ups for illness or other absence are dependant upon available space in a class. Make ups must be arranged in advance..

**What to Wear...** Shorts and t-shirt or leotard should be worn for class. Warm ups are ok as needed. Socks are optional. Please... No Jewelry.

**Please Leave Valuables at Home...** Although it is seldom a problem, we can assume no responsibility for lost or stolen items.

*Thank you for choosing Madtown Twisters!*

MADTOWN TWISTERS - WEST  
PO Box 620827 Middleton, WI 53562-0827  
Voice: 608-829-2922 Fax: 608-829-0003

Please Return Registration To Your Location Choice.

[flippin@madtowntwisters.com](mailto:flippin@madtowntwisters.com)

MADTOWN TWISTERS - EAST  
808 Walsh Road Madison, WI 53714  
Voice: 608-245-9565 Fax: 608-245-9566

COTTER-BROWN, INC. dba/ MADTOWN TWISTERS  
**REGISTRATION FORM**

Office Use - Recorded by:  
Attendance  Computer

PLEASE CIRCLE LOCATION:  
**East West**

Starting Date:

Family Last Name:		Billing Address:				City:	State:	Zip:
<b>FAMILY INFORMATION</b>	#1:	Child #1 (First Name, MI):	Age:	Birthdate:	Sex:	Grade:	Allergies, Medical, or Other Concerns...	Tuition: \$
	#2:	Child #2 (First Name, MI):	Age:	Birthdate:	Sex:	Grade:	Allergies, Medical, or Other Concerns...	Tuition: \$
	#3:	Child #3 (First Name, MI):	Age:	Birthdate:	Sex:	Grade:	Allergies, Medical, or Other Concerns...	Tuition: \$
	Parent #1 or Legal Guardian:		Home Phone:	Cell Phone:	Work Phone:	Preferred Hospital:		
Parent #2 or Alternative Emergency Contact:		Home Phone:	Cell Phone:	Work Phone:	Name of Health Insurance Carrier:			

PLEASE CHECK ONE:	Registration Fee	Child	Tuition	Adjustments	Description	Totals	TOTAL DUE AT REGISTRATION
<input type="checkbox"/> <b>With Automatic Payment</b> - first month due at registration.	(Due each September) <input type="checkbox"/> \$30 - Family (Waived with Automatic Payment) Pro-rated by Quarter after September.	#1:	\$	\$		\$	\$
<input type="checkbox"/> <b>Without Automatic Payment</b> - first month tuition and registration fee due.		#2:	\$	\$		\$	
		#3:	\$	\$		\$	

I understand there are no refunds after the 1<sup>st</sup> day of the start month. Continuous enrollment is assumed. I agree to give written notice by the 10th to withdraw at month's end, or pay the following month's tuition. Without AutoPay, tuition is due by the 1st of the month. There is a \$10 late fee for tuition received after the 5th. Email is required for communication (we will not share or sell). I authorize card payment if completed below.

Parent/Legal Guardian Signature: <b>X</b>	Date:	Family Email:	Alternate Name	Amount Paid: \$
--	-------	---------------	----------------	--------------------

**NEW STUDENTS - Please help us show appreciation for a referral.** We were referred by:

<b>CHARGE MY CARD</b> <input type="checkbox"/> VISA <input type="checkbox"/> MC DESTROYED AFTER USE.	PRINT NAME ON CARD:	CARD #:	EXPIRATION:	SECURITY CODE:	AMOUNT: \$
--	---------------------	---------	-------------	----------------	---------------

Rev 2009-08-03



**2009-10 PARTICIPANT RELEASE AND WAIVER**

<b>OFFICE</b>	FILE NAME: (FAMILY)
	DATE:

A Fully Completed and Signed Agreement is a Requirement of our Insurance Carrier Before any Participation.

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

**PARTICIPATION** - In consideration of participation in Activities at Madtown Twisters Gymnastics, I represent that I understand the nature of these Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activities. I fully understand that these Activities involve 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 Activities, the conditions in which the Activities take 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 I incur as a result of my participation in the Activities.

**RELEASE** - I hereby release, discharge, and covenant not to sue Cotter-Brown, Inc. dba/ Madtown Twisters, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, 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 future 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 incur as the result of such a claim.

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

**PARENTAL CONSENT** - AND I, representing that I am the parent and/or legal guardian of the minor(s) listed below, understand the nature of the above referenced activities and the Minor's 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 minor(s) 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(s), or anyone on the minor(s) behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY AND 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.

**ADDITIONALLY**, I understand and agree to the following... **RULES** - I will read the posted rules and understand that **ADULTS ARE NOT ALLOWED ON OR IN EQUIPMENT** and that minor participants are only allowed on equipment when staff are present. **APPROPRIATE BEHAVIOR** - I will behave in a manner that is respectful of facilities, staff, and participants of all ages, and understand that displays of anger, excessive frustration or emotional outbursts, inappropriate language or physical contact, threatening or abusive behavior, absolutely is not allowed. I agree to promptly leave the premises or pick up my child, if requested, without expectation of any refund. **PARENT/ADULT RESPONSIBILITY TO SUPERVISE** - When I visit Madtown Twisters, or for any activity involving parental presence or participation, I understand and accept the responsibility and all associated liability of constantly supervising, controlling, and restricting activities as necessary to assure safety of the children I bring, and myself. I understand Madtown Twisters has a tremendous variety of surfaces, mats, and specialized equipment, and accept the heightened risk of injury. I will not use or allow use of any equipment I don't fully understand. **PROMPT PICK UP** - I agree to promptly pick up my child after any activity. or pay a fee of \$20.00 if later than 15 minutes. I authorize and desire that Madtown Twisters contact appropriate governmental authorities if my child is left longer than 30 minutes. **INSURANCE** - I understand that injuries do occur, and that Cotter-Brown, Inc. dba/ Madtown Twisters does not carry medical insurance for participants. **MEDICAL CARE** - I authorize and desire medical transport and care for myself or my child, and accept responsibility for all associated expenses. **TRANSPORTATION OF PARTICIPANT** - I authorize activity related transportation of my child. **PHOTOGRAPHS AND STATEMENTS** - I authorize use of my own and my child's visual image and statements in advertising and promotional media. **VALID DATES** - These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself or any family member participates in any activity at or with Madtown Twisters Gymnastics. **AGREEMENT TO PAY** - There are no refunds after the 1<sup>st</sup> day of the starting month, and no credits or guaranteed make-ups for missed or cancelled activities due to inclement weather. Tuition is due by the 1<sup>st</sup>. There is a \$10 late fee if received after the 5<sup>th</sup>. Continuous enrollment is assumed. I agree to give written notice by the 10<sup>th</sup> to withdraw at month's end, or pay the following month's tuition. I will pay all costs of collection, and for any and all damage to facility and equipment caused by myself or a family member.

Printed Name(s) of Minor Participant(s)	Sex	Age	Birthdate	Allergies, Medical, or Other Concerns...
#1				
#2				
#3				
#4				

I sign below as an Adult Participant and as Parent / Legal Guardian for the above named Minor Participants .

Printed Name - Adult & Parent/Legal Guardian #1	Signature - Adult & Parent/Legal Guardian #1	Date Signed	Cell Phone (Emergency)
#1			
#2			
Family Email	Home Phone	Family Address (Street, City, State, Zip)	
Alternative Emergency Contact	Alternative Home Phone	Alternative Cell Phone	Relationship

Rev 2009-07-29



**2009-10 AUTOMATIC PAYMENT**

**OFFICE**

FILE NAME:  
(FAMILY)

START  
DATE:

END  
DATE:

**AUTHORIZATION AGREEMENT**

**FOR AUTOMATIC MONTHLY TUITION PAYMENTS (ACH DEBITS)**

I (we) hereby authorize COTTER-BROWN, INC. dba/ Madtown Twisters, hereafter called the COMPANY, to initiate debit entries to my (our) Checking account indicated below, hereinafter called DEPOSITORY, to debit the same such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification one month prior to its termination to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The initial amounts shown below may be altered with customer authorization.

DEPOSITORY (YOUR BANK)	ROUTING NUMBER	YOUR ACCOUNT NUMBER
------------------------	----------------	---------------------

NAME(S) ON ACCOUNT:	NAME #1	NAME #2 (IF NECESSARY)
---------------------	---------	------------------------

DATE SIGNED:	SIGNATURE #1	SIGNATURE #2 (IF NECESSARY)
--------------	--------------	-----------------------------

STUDENT #1	MONTHLY TUITION	ADJUSTMENTS	DESCRIPTION	MONTHLY DUE
STUDENT #2	MONTHLY TUITION	ADJUSTMENTS	DESCRIPTION	MONTHLY DUE
STUDENT #3	MONTHLY TUITION	ADJUSTMENTS	DESCRIPTION	MONTHLY DUE

Initial Monthly Total (deducted on or after the 1 <sup>st</sup> of each month). Changes may occur with customer authorization.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
---	---

**OFFICE**

Please attach your voided check here.