



West Madison – Old Sauk Road 2014-2015 School Year

Monthly Gymnastics Class Schedule – Effective September 2ND 2014

PROGRAM / AGE / LENGTH		Tuition	CLASS DAYS / TIMES						
TOTS-Coed		Monthly	Mon	Tue	Wed	Thur	Fri	Sat	
Parent-Child Gym – Walking to Age 3 Together parents and walkers explore many ways to move and learn	45 Min. class	\$50 \$75 2x/wk	10:00am 6:30pm		9:00am			9:30am	
Independent-ages 2-3 Non-stop safe and fun for independent tots with lots of energy!	45 min. class	\$70 \$105 2x/wk	9:00 am		9:00 am				
Independent – Ages 3+ - 5 A fun mix of gymnastic fundamentals and other physical skills necessary for any sport.	45 min. class	\$70 \$105 2x/wk	10:00 am 4:30pm 5:30pm	5:30pm	10:00 am 4:30pm 5:30pm 6:30pm	5:30 pm		9:30 am	
Advanced Tots-Ages 3+ -5 Instructor Consent Required	60 Min. Class	\$80 \$120 2x/wk	6:30pm		10:00am			11:00am	
YOUNGER KIDS-Coed		Monthly	Mon	Tue	Wed	Thur	Fri	Sat	
Ages 5-6 A fun introduction to fundamentals on boys and girls Olympic events, along with fitness development for any sport.	60 Min. class	\$80 \$120 2x/wk	5:30 pm	4:00 pm	5:30 pm	4:00 pm		11:00 am	
Advanced Younger Kids Instructor Consent Required	75 min. class	\$90 \$135 2x/wk		5:30 pm		5:30 pm			
GIRLS GYMNASTICS		Monthly	Mon	Tue	Wed	Thur	Fri	Sat	
Girls – Ages 7-10-Beginner-Level 1-2 Instruction on 4 Olympic events and tramp.	75 min. class	\$90 \$135 2x/wk	4:00pm	4:00 pm 5:30 pm	4:00 pm	4:00 pm 5:30 pm	5:30pm	9:30 am	
Girls – Ages 7-10-Intermediate-Level 2-3 Instruction on 4 Olympic events and tramp.	90 min. class	\$110 \$170 2x/wk	5:30pm		5:30 pm		4:00pm	11:00am	
Mini Girls Pre-Team – Ages 5-7 Coach Consent Required	2 hr. class		4:00pm	5:30pm	4:00pm				
Advanced Girls-Ages 7-10 -Level 3 and up	2 hr. class	\$120 \$180 2x/wk		4:15 pm		4:15 pm		9:30am	
Jr. High / High School Ages 11 and up	2 hr. class			6:30 pm		6:30 pm			
BOYS GYMNASTICS		Monthly	Mon	Tue	Wed	Thur	Fri	Sat	
Boys – Ages 7+ 6 Olympic events and trampoline. ** Ages 5-6 *Advanced (consent required)	60 min. class	\$80 \$120 2x/wk	4:00pm 5:30pm		**4:00pm *5:30pm			11:00am	
TRAMPOLINE & TUMBLING		Monthly	Mon	Tue	Wed	Thur	Fri	Sat	
Tramp & Tumbling - Ages 7-12 - Coed	60 min. class	\$80 \$120 2x/wk		4:00pm 5:15pm				9:30am	
Developmental Tramp and Tumbling Team		Monthly	Mon	Tue	Wed	Thur	Fri	Sat	
Tramp & Tumbling – Ages 6-9 yrs	60 min. class	\$80	4:00pm		5:15pm				
Tramp & Tumbling – Ages 10+		\$120 2x/wk	5:15pm		4:00pm				
Backhandspring Clinic	60 min. class	\$20/class or \$150.00 for 10 class punch card	1 st Saturday of each month-11:45-12:45						

New Students-50% of first month's tuition!

Confirm and Pay for Sept. Class by Aug. 15th and save \$20.00!

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



MADTOWN TWISTERS!



How To Register... 2014-2015 School Year

Welcome to Madtown Twisters... The Best in Gymnastics, Fitness & Fun... Since 1982.

To Reserve Space in Class... Choose a location, program, class time(s).

Complete, sign and return... 1) Registration Form, 2) Participant Waiver, 3) One Month's Tuition, 4) Registration Fee or Auto-Pay Form. You may also use a credit card to register via phone or fax (please call to confirm receipt). A Participant Waiver is required before participation.

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

Tuition Is Monthly... in most cases, classes average 4 weeks per month. We close for vacations approximately 4 weeks during the year.

Continued Enrollment is Assumed... To safeguard and retain your child's space in class, continued enrollment is assumed. **Written notice must be received by the 15th to withdraw at the month's end, or you will be responsible for the following month's tuition.**

With Automatic Payment... Payments are automatically deducted from your checking account by Cotter-Brown, Inc. on the 2nd day of the month.

Without Automatic Payment... Monthly payments are due by the 1st of the month. A \$10 late fee is applied after the 7th of the month.

Refund Policy... Tuition and Annual Registration Fees are non-refundable. We are not able to offer credits or refunds for missed classes.

Family Discounts... 2nd Child – 10%, 3rd Child – 20%, 4th Child – Free (discounts taken off lowest tuition amount).

Make ups Are Not Guaranteed... for illness or inclement weather, are dependent upon available space, and 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.

Leave Valuables at Home... This is occasionally a problem. We can assume no responsibility for lost or stolen items (cell phones, money, etc.).

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.

sarah@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				Attendance	Computer	East	West	Starting Date:																																			
REGISTRATION FORM																																											
Family Last Name:		Billing Address:			City:		State:		Zip:																																		
FAMILY INFORMATION	#1:	Child #1 (First Name, MI):	Birth Date:	Sex:	Program:	Class Day(s) & Time(s):		Tuition: \$																																			
	#2:	Child #2 (First Name, MI):	Birthdate:	Sex:	Program:	Class Day(s) & Time(s):		Tuition: \$																																			
	#3:	Child #3 (First Name, MI):	Birthdate:	Sex:	Program:	Class Day(s) & Time(s):		Tuition: \$																																			
	Parent #1 or Legal Guardian:			Home Phone:		Cell Phone:		Work Phone:																																			
	Parent #2 or Alternative Emergency Contact:			Home Phone:		Cell Phone:		Work Phone:																																			
	<table border="1"> <thead> <tr> <th>Annual Registration Fee</th> <th>Child</th> <th>Tuition</th> <th>Family Discount</th> <th>Adjustments</th> <th>Description</th> <th>Totals</th> <th colspan="2">TOTAL DUE AT REGISTRATION</th> </tr> </thead> <tbody> <tr> <td rowspan="3"> (Due each September) <input type="checkbox"/> \$30/Family - Without AutoPay Agreement <input type="checkbox"/> Waived with AutoPay Agreement </td> <td>#1:</td> <td>\$</td> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> <td colspan="2" rowspan="3"> <table border="1"> <tr> <td colspan="2">Office Approval:</td> </tr> <tr> <td>Totals OK</td> <td>Class OK</td> </tr> </table> </td> </tr> <tr> <td>#2:</td> <td>\$</td> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>#3:</td> <td>\$</td> <td></td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>										Annual Registration Fee	Child	Tuition	Family Discount	Adjustments	Description	Totals	TOTAL DUE AT REGISTRATION		(Due each September) <input type="checkbox"/> \$30/Family - Without AutoPay Agreement <input type="checkbox"/> Waived with AutoPay Agreement	#1:	\$		\$	\$	\$	<table border="1"> <tr> <td colspan="2">Office Approval:</td> </tr> <tr> <td>Totals OK</td> <td>Class OK</td> </tr> </table>		Office Approval:		Totals OK	Class OK	#2:	\$		\$	\$	\$	#3:	\$		\$	\$
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I understand there are no refunds after the 1 st day of the start month. Continuous enrollment is assumed. I agree to give written notice by the 15th 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.							<table border="1"> <tr> <th colspan="3">Office: Payment Confirmation</th> </tr> <tr> <td>Date:</td> <td>CK# or CC</td> <td>Staff:</td> </tr> </table>			Office: Payment Confirmation			Date:	CK# or CC	Staff:																												
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CHARGE MY CARD	PRINT NAME ON CARD:	CARD #:	EXPIRATION:	SECURITY CODE:	AMOUNT:
	<input type="checkbox"/> VISA <input type="checkbox"/> MC <small>DESTROYED AFTER USE.</small>				

Rev 2011-08-06



2014-2015 PARTICIPANT RELEASE AND WAIVER

OFFICE

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 1st 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 1st. There is a \$10 late fee if received after the 5th. 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. 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						
Home Phone	Family Email		Health Insurance		Preferred Hospital	
Family Address			City		State	Zip Code
Alternative Emergency Contact		Alternative Home Phone		Alternative Cell Phone		Relationship

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	X		
#2	X		



MADTOWN! TWISTERS!



2014-2015 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 no later than the 15th of the 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.

Charges will be shown as "Cotter-Brown, Inc."

DEPOSITORY (YOUR BANK)	ROUTING NUMBER	YOUR ACCOUNT NUMBER
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NAME(S) ON ACCOUNT:	NAME #1	NAME #2 (IF NECESSARY)
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DATE SIGNED:	SIGNATURE #1	SIGNATURE #2 (IF NECESSARY)
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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 the 2 nd of each month). Changes may occur with customer authorization.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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OFFICE

Please attach your voided check here.