



Student Information

(Please Print)

Parent 1 First Name _____ Last Name _____

Address _____ City _____ Zip _____

Phone _____ Work _____

Parent 2 First Name _____ Last Name _____

Address _____ City _____ Zip _____

Phone _____ Work _____

E-mail address _____

Student's First Name

Last Name

DOB

Age

M/F

1. _____
2. _____
3. _____

I give my consent and approval for the above to participate in activities, programs, (T.V., radio, videotaping) and to be photographed as part of A Special Twist, Inc. endeavor to explain their role of educating the public.

Circle One: Yes No _____ Initial

Waiver and Release from Liability: To A Special Twist, Inc., I, hereby consent to the above-named students participating in the programs, performances, and classes that are conducted by or affiliated with A Special Twist, Inc. is voluntary. I acknowledge that the programs and classes shall expose participants to certain risks, which include, but are not limited to: risks related to the associated physical activities, and other risks, some of which may not be specifically foreseeable. I certify that I am the parent or guardian of the participant identified above. I acknowledge that my child or ward's participation is voluntary and undertaken with full assumption of all the risks associated with the programs, performances, and classes, including the risks listed above and all other risks that are not specifically listed above. This release is intended to discharge in advance A Special Twist, Inc., and its officers, Board of Directors, Advisory Board Members, its employees, volunteers, and agents from and against any and all liability arise out of negligence or carelessness on the part of the entities and persons mentioned above. I hereby waive, release, and discharge on my child's or wards behalf and on behalf of his/her heirs, dependents, estate and any other representatives, including myself, any and all claims, which may exist or which may hereafter occur, against A Special Twist, Inc., and its officers, Board of Directors, Advisory Board Members, its employees, volunteers, and agents for any injury, accident, illness, or death arising out of or in any way related to the programs, performances, and classes and other events that are sponsored or affiliated with A Special Twist, Inc.

Signature of Parent/Guardian _____ **Date** _____

Emergency Medical Authorization

Should it become necessary for my child or ward to have emergency medical treatment while participating in any activities associated or affiliated with A Special Twist, Inc. I hereby authorize A Special Twist, Inc. personnel to use their judgment in obtaining emergency medical services. I further authorize any individual selected by A Special Twist, Inc. personnel to render such emergency medical treatment to myself as he/she may deem necessary and appropriate. I understand that A Special Twist, Inc. is not responsible for paying the medical or hospital costs that might be incurred on behalf of child or ward. Consequently, I understand and agree that any and all such costs shall be my sole responsibility.

Signature of Parent/Guardian

Emergency Contact (Outside of household)

Phone Number

.....

Rules Confirmation

I have read and understand the rules at A Special Twist, Inc.

Signature of Parent/Guardian: _____

Date: _____

I was referred by or learned about A Special Twist, Inc. from:

I would like to be on the mailing list () Yes () No

I would be interested in doing volunteer work () Yes () No

Account# _____
Account Name _____
Day _____ Type _____ Time _____
(Office use only)

NAME _____

DOB _____
 Month Day Year

Relationship to Student/Check One

- ___ Parent
- ___ Foster Parent
- ___ Legal Guardian with court papers*
 *Please provide office with documents

HEALTH HISTORY AND MEDICAL INFORMATION

___ Not aware of any medical problems

Downs Syndrome () yes () no

Release on file () yes () no

Paralysis () yes () no

Explain _____

Atlanta-axial instability by x-ray () yes () no

- Autism _____
- Bleeding Issues _____
- Diabetes _____
- Fainting Spells _____
- Hearing Difficulty _____
- Hypothermia _____
- Heart condition _____
- Severe Allergy _____
- Tuberculosis _____
- Vision Difficulty _____
- Shunt () Yes () No

- Asthma/RAD _____
- Bone/Joint Problems _____
- Epilepsy _____
- Head Injury _____
- Heat Issues _____
- Hernia _____
- Kidney Problems _____
- Serious Accident _____
 Date _____
- Serious Illness _____
 Date _____
- Recent Contagious Disease _____
- Medical Excuse for Physical Education _____
- Posttraumatic Stress Disorder (PTSD) _____

- Hepatitis _____
- Spina Bifida _____
- Cerebral Palsy _____
- Tourette Syndrome _____
- Traumatic Brain Injury (TBI) _____
- Disability other than above _____

Other Information _____

Explain any of the above _____

Doctors Release on File _____ Date _____

List any medications taken regularly and any special instructions regarding medical treatment:

Family Doctor _____ Phone _____



Payment Information

Please read carefully- Revised April 16, 2020

- **NO Refunds or Credits will be given. We are a program that operates solely on registration fee, monthly suggested donations from participant, fundraisers, and community donors.**
- Donations can be given at any time throughout the month, but we appreciate them within the first ten days of each month.
- A one-time **registration fee** per family will ensure your child/children's spot in our program. This will help ensure kids show up to scheduled classes. **\$75.00** per family
- One on one classes can be arranged through front desk and will have a higher suggested (but not required) donation.
- Students will be dropped from class if they have missed more than 2 consecutive weeks without notice and the office has not been contacted to be notified of your arrangements.
- Please give notice if you are dropping a class. Students have the option of finishing out the current month or stopping the date of the notice.
- If for any reason funds are tight from time to time, please let us know and we will be happy to work with you and/or waive all suggested fees.
- Monthly donations can be dropped in donation/payment box or made through our website at www.aspecialtwist.com

A Special Twist, Inc. is a Non-Profit Corporation and we need to keep our classes full so that we can meet our monthly running cost.

Thank you so much for your support!

A Special Twist is closed one week for Spring Break (but we will have camps), Memorial Day, July 4th, Labor Day, Thanksgiving week (camps offered) and one to two weeks in December for Winter Break (camps offered). We remain open for most Monday holidays, including President's birthdays, Veteran's Day and Martin Luther King's birthday.

DRESS CODE

1. Students need to wear proper attire that will not restrict movement.
2. Clean bare feet are needed in gymnastics.
3. Shorts or sweats and fitted T-shirts are best for boys.
4. Unitards or Biker shorts and tank shirts or fitted T-shirts are best for girls*
5. NO gum!
6. Long hair needs to be tied back- NO EXCEPTIONS!
7. NO jewelry, NO belts, NO hard-sole shoes for aids.

GYM AREA

1. **NO FOOD** in the gym area.
2. NO horseplay in any area of the facility. NO fighting! NO ball throwing, unless instructed to by coach!
3. Non-students **MUST** always be supervised by an adult and
NEVER LEFT UNATTENDED at A Special Twist.
4. We welcome children with various needs. To keep our classes running smoothly, you as a parent may be asked to come out onto the activity area to assist the instructors. Feel free to come out at any time if you see a need! ***We want this to be the best experience for everyone!***

A Special Twist-A Gym for Exceptional Children!

Please feel free to call us at any time if you have questions!

(805)234-0758

Office Hours:

Monday - Friday 9:30-5:00

Saturday 10:00-1:00pm

One-on-one classes can be scheduled for more personalized time in the gym. Please talk to front desk to arrange a perfect time for your family.

Birthday parties and play groups can be scheduled for Saturday and Sunday afternoons.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT In consideration for receiving permission to BE ON PREMISES at A Special Twist Inc. (hereinafter the “Activity or Activities”), I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following: 1. I understand the hazards of the novel coronavirus (“COVID-19”) and am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates. 2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities. 3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children form whom I have the capacity contract) A Special Twist Inc., their owners, officers, directors, agents, employees and assigns (the “RELEASEES”) from any liability related to COVID-19 which might occur as a result my being on the premises and participating in the Activities. 4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys’ fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury. 5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted, and controlled according to the laws of the State of California. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same. IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this

_____ day of _____, 200_____.

SIGNATURE: _____

NAME: _____ NAMES OF MINOR

CHILD(REN): _____
