



2025 REGISTRATION FORM

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Age: _____
Birthdate: ____ / ____ / ____ Sex: M / F List any known medical conditions and/or allergies: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____ Relationship: _____ Cell: _____
(Primary contact) (Mother, Father, Grandma, Uncle, etc.)

Email: _____ Must be subscribed to email blasts.

Mailing Address: _____
Street City State Zip Code

Parent/Guardian 2: _____ Relationship: _____ Cell: _____
(Secondary contact) (Mother, Father, Grandma, Uncle, etc.)

Email: _____ Subscribe to email blasts? Yes / No

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____ Relationship: _____ Cell: _____
(Who to contact if Primary and Secondary Contacts cannot be reached) (Grandparent, Friend, Aunty, etc.)

HOW DID YOU HEAR ABOUT US? Please circle or if Other, please specify.

HITS Website Yelp HITS Employee Walk-in Current Student Previous Student Hawaii Parent Magazine Other _____

..... **HITS WAIVER SIGNED BY PARENT/GUARDIAN**

RELEASE & WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT ("AGREEMENT") **MUST BE COMPLETED FOR PARTICIPATION.**

In consideration of participating in the classes at HAWAIIAN ISLAND TWISTERS, INC. I represent that I understand the nature of this activity and that my child is qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue my child's participation in the activity.

I fully understand that this activity involves 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 event, the conditions in which the event takes 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 my child incurs as a result of my child's participation in the activity.


I hereby release, discharge, and covenant not to sue Hawaiian Island Twisters, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any 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 further 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 be incurred as the result of such claim.

I hereby grant permission for my child to be included in evaluations and photographs, videotapes, and tape recordings for non-profit educational and promotional purposes. I also hereby recognize that this facility has video surveillance for security and safety purposes.

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

PERMISSION TO TREAT

I hereby authorize HITS Gymnastics, or any employees thereof to call any medical or other emergency personnel and/or arrange for medical treatment, including diagnostic, hospital, or surgical procedures as may be prescribed or performed by a treating physician for the named student, if I cannot be reached in the case of any emergency. This consent includes, but is not limited to: examinations, tests, medical treatment, and administration of necessary anesthetics, transfusions, or drugs and the performing of whatever operations that may be deemed necessary or advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospitalization being required. This authorization shall remain in effect until revoked in writing. Attempts will be made to contact the person/guardian prior to medical treatment. I understand that HITS personnel may transport my child to the preferred facility in the case of an emergency.

Sign here  _____ Printed Name of Parent/Guardian
_____ Signature of Parent/Guardian
_____ Date

HITS REGISTRATION POLICIES:

REGISTRATION FORM: A new registration form must be completed at the beginning of each calendar year.

REGISTRATION FEE: I understand that there is a \$60 non-refundable registration fee for each child enrolled at HITS.

ACCEPTANCE OF ONLINE POLICIES: Acceptance of the online policies, Waiver of Liability, Assumption of Risk and Indemnity Agreement, and Payment Authorization **MUST** be completed by each participant's own parent or legal guardian **PRIOR** to the first class through the iClassPro Parent Portal.

Should there be any updates, changes, or new policy, acceptance **MUST** be completed by each participant's own parent or legal guardian **PRIOR** to the student's next class through the iClassPro Parent Portal.

HITS FACILITY & CLASS POLICIES:

RECREATIONAL CLASS TUITION PERIODS: I understand that tuition for recreational classes is charged based on a 4-week period, not a full calendar month. Refer to the session calendars.

TUITION: Payment information for autopay is required for all accounts. Auto-pay charges will be processed on the 1st of each month. For families who wish to make payment by another method other than their card on file, they may do so any time prior to the 1st that auto-pay charges are processed.

- Due Date: Tuition is based on a 4-week period (full calendar month for competitive team members) and is due on the 1st of each month. See our calendar for the 4-week dates covered by your period tuition.
- Payment Methods: Tuition may be paid by cash, check, or credit card (Visa, MasterCard, Discover, or American Express).
 - Credit cards can be accepted over the phone.
 - Checks should be mailed to HITS at: 650 Iwilei Road, Box 250, Honolulu, HI 96817.
 - Mailed checks must be postmarked on or before the 1st of the month.

LATE FEES: I understand that tuition received after the 10th of the month will be assessed a \$25.00 late fee.

WITHDRAWAL/DISENROLLMENT:

- I understand that I am continuously enrolled in classes until formalized notice of my withdrawal is provided.
- I understand that notice of withdrawal will only be accepted in the form of a formalized, signed letter by the parent/guardian or completion of the official HITS Withdrawal Form (*available at the Front Office and on our website*).
- I understand that to ensure I am not charged for tuition in the following period, an official withdrawal notice must be provided before the 1st of the month.
- I understand that notice received after the 1st of the month will result in a full month of paid tuition.

FAILURE TO PAY TUITION AND/OR FEES: I understand that failure to pay tuition and fees may result in your child not being allowed to attend class or termination of enrollment by Hawaiian Island Twisters.

SESSION BREAKS (NOT APPLICABLE TO IRONMEN, HOT SHOTS, AND COMPETITIVE TEAM MEMBERS):

- I understand that one week at the end of each session, Hawaiian Island Twisters will close for its Session Break.
- I understand that this break is not included in the 4-week paid tuition period.

GYM CLOSURES: I understand that Hawaiian Island Twisters reserves the right to cancel classes as needed.

MISSED CLASSES: I understand that due to limited space availability in classes, there will be no make-up classes. Tuition will not be prorated for missed classes.

COMBINING CLASSES: I understand that due to unforeseen circumstances, classes may be combined.

TRANSFERRING CLASSES: Should a need to change class day and time, please check with the front desk or online through the Parent Portal. I understand that transfers can be made at any time during the session, however, we ask that students remain in a class for at least 4 weeks at a time to promote consistency.

TALKING TO CHILD IN CLASS: Parents are not allowed to talk/coach their child(ren) while in class. Parent involvement disrupts the coach's instruction of the entire class.

PARKING: Parking is located in the Dole Cannery Parking Structure. Validation from HITS is required in order to receive our special rate of \$1.00 per hour and/or the flat rate fee of \$5.00 for anything over 4 hours.

SUPERVISION WITHIN THE GYM & LOBBY AREA: All students need to be under adult supervision at all times when entering and exiting the facility, as well as while the student waits for class.

- For the safety of our athletes and others, please DO NOT allow your child to practice gymnastics, run, horseplay, etc throughout the common area. Unsupervised drop-offs and/or late pick-ups are not allowed.

ENTERING & EXITING THE FACILITY: All students should be properly attired when entering and exiting the building. Girls need to wear shorts/skirt/dress over their leotards. Boys and girls should be wearing footwear.

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND ACCEPTED ALL POLICIES OUTLINED ABOVE.

Sign
here



Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

HITS FACILITY & CLASS POLICIES CONTINUED:

FOOD AND DRINK:

- No food or gum chewing is allowed during class or in the gym.
- Only water in a container with a spillproof lid is allowed.

BATHROOM USE: Bathrooms are located in the lobby area.

- Students are asked to use the bathroom prior to class.
- Students requiring the use of the bathroom during class will be referred to their parents.

FLOOR AND EQUIPMENT USE: Students are not allowed in the gym areas until their designated coach begins instruction at the scheduled class time. Spectators are not allowed on the floor or in the coach/student area at any time. Please adhere to all posted signs and notices.

RECREATIONAL CLASS BEHAVIOR CRITERIA: All students must be able to meet the following behavior criteria in order to enroll or remain enrolled in any HITS recreational classes. The student must be able to complete the following tasks with minimal reminders/intervention.

- Student is able to respond to their own name.
- Student is able to comprehend and follow multi-step instructions.
- Student is able to sit and wait for their turn.
- Students are expected to conduct themselves in a manner that does not create a safety hazard for themselves or others.
 - Student is able to stay with their group when rotating from one event to the next
 - Student is able to remain with class in designated area of the facility
 - Student is able to use equipment as instructed by their coach
 - Student is able to respect the personal space of others
 - Student will not use inappropriate or vulgar language
 - Student will not inappropriately touch one another
 - Student will not engage in any inappropriate activities
- The assigned coach is able to instruct each student in the class fairly and equally without the aid of management intervention.

Staff will work together with the student to model consistency, set realistic limits for safety and establish positive behavior criteria. Redirection is used prior to the child stepping over the boundaries of non-compliance. Instructors demonstrate and model respect for the children, colleagues and self. Students are provided with choices and are given a chance to reply and make appropriate decisions.

Plan of Action: Parents will be notified of disorderly or inappropriate behavior. A plan of action will be discussed and agreed upon between parent, management and coaches. Actual length of time depends on the child and his/her circumstance. If there are no changes in the desired behavior, the student will need to be disenrolled from the program.

BULLYING POLICY: HITS has a ZERO TOLERANCE policy for bullying, disciplinary action is as follows:

1. General educational session and reminder to the group.
2. If negative behavior continues, athlete will be addressed individually with coach and Gym Manager (parent will be notified).
3. If negative behavior still continues, meeting will take place with parent, athlete, coach and Gym Manager to discuss suspension/dismissal from the program.

ATTIRE: Proper attire for classes is as follows:

- Boys: t-shirt tucked into athletic shorts
- Girls: t-shirt tucked into athletic shorts or leotards
- Please no baggy shirts, jewelry, buttoned shorts, or socks, long hair should be tied up and out of the face.

LATE PICK-UPS: It is expected that your child(ren) will be picked up immediately after class.

- If you will be late to pick up your child for an unexpected reason, please call the gym at 808-839-4494.
- A fee of \$1 per minute will be billed to your account if late pick-ups are frequent.

MEDICAL: I understand that Hawaiian Island Twisters, its instructors, and staff, will not and cannot be responsible for administering or storing medication of any type, prescribed or not. If medication is necessary, it should be given by the parent. Additionally, HITS will not be responsible for monitoring the student for adverse reactions.

CONCUSSION FLYER: I acknowledge that I have received the concussion fact sheet.

HITS reserves the right to refuse service to any individual, including parents or guardians, whose behavior is disruptive, disrespectful, or otherwise undermines the wellbeing of our staff, other customers, or the overall atmosphere of our business.

BY SIGNING BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ AND ACCEPTED ALL POLICIES OUTLINED ABOVE.

Sign here  _____
Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

COMMON RESPIRATORY ILLNESS POLICIES AND PROCEDURES:

In an effort to continue to keep our athletes, coaches, and families safe, we have updated our policies and procedures to be in line with state and CDC guidelines. Your continued participation and cooperation of these procedures is appreciated.

Respiratory Virus Guidance Snapshot



Core Prevention Strategies

Immunizations



Hygiene



Steps for Cleaner Air



Treatment



Stay Home and Prevent Spread*



Additional Prevention Strategies

Masks



Distancing



Tests



*Stay home and away from others until,



and



Your symptoms are getting better

You are fever-free (without meds)

for 24 hrs



Then take added precaution for the next 5 days



Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

349386-C

I understand and agree that:

- I agree to keep my athlete home if he/she is not feeling well.
- All athletes are required to bring their own water bottles.
- These procedures will change and evolve over time. I will follow any new standards recommended by the state and federal agencies and implemented by HITS.

Anyone with respiratory virus symptoms, even mild symptoms, should stay home. We are unable to prorate or refund any classes missed.

By signing below, I am choosing to continue my training at Hawaiian Island Twisters. I hereby enter into this waiver for myself, my heirs, executors, assigns, and personal representatives. I do so knowingly and voluntarily. I hereby waive any and all rights, claims, or causes of action arising from any contraction or infection of any respiratory virus as a result of my continued training at HITS along with its Board of Directors, staff, members, agents, and representatives. I understand there are risks and I assume all known dangers and risks associated with my continued training at HITS.

Print Athlete's Name

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

A Fact Sheet for YOUTH SPORTS PARENTS



This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead.

What do you want your child or teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 12/2015



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP