

OWNER & HEAD COACH LISA CAJN

- Former National Team Member
- USA International Competitor
- USAG Professional Member
- USAG Safety Certified
- Professional Stuntwoman
- Appearing in 75 films



Enrolling Now

Call: 804-360-9490
info@twistgymnastics.com

Where a lifetime of fitness begins...

USA JR. OLYMPIC TRAINING PROGRAM PARENT & TOT, PRE SCHOOL, RECREATIONAL CLASSES & COMPETITIVE TEAMS - AGES 2 - 18

Time	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9:15 - 10:00						3 - 4 years	Birthday Parties - 10:30 - 12:00, 12:30 - 2:00, 2:30 - 4:00 & 4:30 - 6:00 Birthday Party 3:45 - 5:15
10:00 - 11:00						5 - 8 years 9+ years	
11:00 - 12:00						6 - 9 years 10+ years	
12:00 - 1:00						TEAM	
1:00 - 1:45		3 - 4 years				TEAM	
2:00 - 2:45						TEAM	
3:30 - 4:30	6 - 8 years 9+ years	5 - 6 years 7 - 9 years	5 - 6 years	5 - 7 years 8 - 10 years	Team		
3:30 - 5:00	INT Class 8-10 years		INT Class 7 - 9 years		Team		
4:30 - 5:30	7 -9 years 9+ years	7 - 10 years 11+ years	6 - 8 years 9+ years	7 - 9 years 11+ years	Team		
4:30 - 6:00	INT Class 9 + years		INT Class 10+ years		Team		
5:30	TEAM	TEAM	TEAM	TEAM	Team		

Monthly Tuition

45 min class - \$75.00 - 1 hr. class - \$85.00 - 1.5 Hr. class - \$105.00

Annual Registration Fee - \$35.00

We prorate tuition when you join a class mid month.

No Classes: Spring Break - April 6- April 10 & Memorial Day - May 25

1 Hour Class Exhibition: Saturday, June 6, 2020

1.5 Hour Class Competition: Sunday, June 7, 2020

Spring Gymnastics Camp - April 6 - April 10 - Limited Space - Enroll Early

Visit our Facebook page for notice of inclement weather closures.

Twist Gymnastics Calendar of Classes 2019 - 2020

2019 - 2020	Mon	Tues	Wed	Thurs	Fri	Sat	
17	1/6	1/7	1/8	1/9	1/10	1/11	Jan
18	1/13	1/14	1/15	1/16	1/17	1/18	
19	1/20	1/21	1/22	1/23	1/24	1/25	
20	1/27	1/28	1/29	1/30	1/31	2/1	
21	2/3	2/4	2/5	2/6	2/7	2/8	Feb
22	2/10	2/11	2/12	2/13	2/14	2/15	
23	2/17	2/18	2/19	2/20	2/21	2/22	
24	2/24	2/25	2/26	2/27	2/28	2/29	
25	3/2	3/3	3/4	3/5	3/6	3/7	March
26	3/9	3/10	3/11	3/12	3/13	3/14	
27	3/16	3/17	3/18	3/19	3/20	3/21	
28	3/23	3/24	3/25	3/26	3/27	3/28	
29	3/30	3/31	4/1	4/2	4/3	4/4	
	4/6	4/7	4/8	4/9	4/10	4/11	Spring Break
30	4/13	4/14	4/15	4/16	4/17	4/18	April
31	4/20	4/21	4/22	4/23	4/24	4/25	
32	4/27	4/28	4/29	4/30	5/1	5/2	
33	5/4	5/5	5/6	5/7	5/8	5/9	May
34	5/11	5/12	5/13	5/14	5/15	5/16	
35	5/18	5/19	5/20	5/21	5/22	5/23	
36	5/25	5/26	5/27	5/28	5/29	5/30	
37	6/1	6/2	6/3	6/4	6/5	6/6	June
38	6/8	6/9	6/10	6/11	6/12	6/13	
39	6/15	6/16	6/17	6/18	6/19	6/20	
40	6/22	6/23	6/24	6/25	6/26	6/27	
	6/29	6/30	7/1	7/2	7/3	7/4	Summer Break

SPRING BREAK CAMP 2020

April 6 – April 10 - Limited Space - Enroll Early
 ½ Day & Full Day Programs Available for girls ages 5+

Full Day "Teamed Up" Camp Program - 9:00am – 4:00pm

Camp starts at Young Chefs Academy cooking up a variety of healthy tasty menus. After enjoying your lunch, you'll spend the afternoon at Twist Gymnastics for tumbling, bouncing and flipping while you build your gymnastics skills. All skill levels are accommodated with a 6 to 1 student to coach ratio.

Cost: \$390. Sibling Rate: \$335.00. Single Day Rate: \$95, Sibling \$86.

Twist Gymnastics ½ Day Camp Program - 1:00 am – 4:00 pm

Come and do some Cartwheels and more!! Campers train on all gymnastics events, tumbling bouncing and flipping each day. With a student to coach ration of 6 to 1 we provide excellent training for all skill levels.

Cost: \$185. Sibling Rate: \$150. Single Day Rate: \$45, Sibling Day Rate: \$40.

Start Date: _____

Student's Last Name: _____

Class: _____

Twist Gymnastics

Students Name: _____ Age: _____

Birth Date: _____ Mom's Name: _____ Dad's Name: _____

Address: _____

City: _____ Zip: _____

Cell Phone: _____ Home: _____

Emergency Phone: _____ Relation: _____

Email Mom: _____

Email Dad: _____

Doctor's Name: _____

Medical History: Please indicate any medical condition that may be cause or our concern for your child's participation in gymnastics activities. All information is strictly confidential.

Existing medical conditions / limitations: (Be specific): _____

Allergies: _____

Medications: _____

I verify that my child is in good health for participation in gymnastics activities and that all information is correct.

In the event that my child becomes ill or requires medical attention, the present supervisor at Twist Gymnastics has my permission to have her / him treated if I cannot be contacted.

I hereby agree to hold harmless Twist gymnastics and its instructors for any accident occurring in the gymnasium.

Participants involved in any activities offered by Twist Gymnastics may be photographed or videotaped during training. Participant hereby consents to the use of these photographs / videos without compensation on the Twist website or in any editorial, promotional, advertising or social media produced and or published by Twist Gymnastics.

Signature of parent / Guardian

_____ Date

Office Use Only:

Waiver: _____

Pymt Plan: _____

Twist Gymnastics
2130 John Rolfe Parkway
Henrico, VA 23233

Date: _____

Child's Name: _____

Parent / Guardian: _____

RELEASE

As the legal guardian of (child) _____, I agree that gymnastics or any activity that involves motion, rotation, and height in a unique environment carries with it a reasonable assumption of risk. Twist Gymnastics is bound by law to inform all participants and their parents or guardians of the risk involved in the activity of gymnastics. Anyone participating in the Twist Gymnastics program (along with those legally responsible for the participant) must sign this release and adhere to the safety rules governing the gymnasium.

By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used, no matter what landing surface, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injuries includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks also include catastrophic injuries such as permanent paralysis or even death from landing or fall on the back, neck or head.

In consideration of Twist Gymnastics acceptance of the applicant (s), and in the consideration of the applicant's opportunity to improve gymnastic skills through the use of Twist staff, equipment and facilities, those legally responsible of the named enrolling student(s) realize the risk of injury involved and hereby agree to assume the responsibility of such for said student(s) and further agree to save and hold harmless Twist Gymnastics, its employees, and all others concerned, and to indemnify them against loss.

Intending to be legally bound, our signature is offered hereto: By signing below I acknowledge the above release and agree to abide by the Rules and Regulations of Twist Gymnastics.

Parents Signature

Date