



## **Twisters Team Agreement & Code of Ethics**

### ***Please Complete & Return***

Parent/ Guardian Name \_\_\_\_\_

My child's name is \_\_\_\_\_ Level \_\_\_\_\_

- \_\_\_ My child wants to be a Cartersville Twister.
- \_\_\_ I expect my child to work hard on personal skills.
- \_\_\_ I expect my child to respect the coaches.
- \_\_\_ I expect my child to respect all team members.
- \_\_\_ I will make every effort for my child to attend every practice possible.
- \_\_\_ I expect my child to focus on the lesson.
- \_\_\_ I expect my child to respect the team by not saying ugly or hurtful things.
- \_\_\_ I expect my child not to push or hit anyone else.
- \_\_\_ I do not want anyone to make fun of my child or my child's mistakes.
- \_\_\_ I expect my child not to make fun of someone else's mistakes.
- \_\_\_ I understand that the coach will tell my child to sit out if my child is not paying attention, is distracting or disrespecting others.
- \_\_\_ I understand that if sitting out does not work, my child will be sent home.
- \_\_\_ I understand that if my child is sent home, I will be required to meet with the Gymnastics Director for permission to return.
- \_\_\_ I will encourage good sportsmanship by demonstrating positive support for all athletes, coaches and officials at every practice, competition or team event.
- \_\_\_ I understand that if I engage in behavior that is not consistent with good sportsmanship, use profanity or display threatening behavior, I may be removed from the meet, practice, meeting or event.
- \_\_\_ I will remember that the sport is for the youth and not the adults.
- \_\_\_ I as a parent understand my role in setting an example for my child and others around me, and will not engage in gossip, or bullying of other families, or other children.
- \_\_\_ MY CHILD AND I HAVE READ THE TWISTERS HANDBOOK AND AGREE TO COMPLY WITH BOOSTER CLUB REGULATIONS AS PRESENTED IN THIS HANDBOOK.

**I understand that all of the above points are to keep my child as safe as possible, promote a healthy program and foster my child's success.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Social Media/ Online Family Contract

*Please complete & Return*

I, \_\_\_\_\_ parent/ guardian of \_\_\_\_\_  
understand and acknowledge that social media names in any likeness of CTG or Cartersville  
Twisters, or Cartersville gymnastics accounts are **strictly prohibited** from being opened by  
myself, my child or any member of my household.

I acknowledge that any social media postings (on my own account or any account held by  
immediate household members) that may be perceived as bullying another child or family is  
strictly prohibited.

I agree that I have discussed this matter with my child and other members of my household.

There is a zero tolerance for cyber bullying, and participating in such by myself, my child or any  
other member of the household will result in disciplinary action, up to dismissal from the Team.

I, \_\_\_\_\_ athletes name, commit that I will do my best to be  
respectful of others at all times, including on social media. I will refrain from posting, creating  
accounts for the purpose of posting hurtful things about others. I understand the consequences of  
such actions.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date



## Media Waiver for Athlete

*Please Complete & Return*

I, \_\_\_\_\_ hereby give permission for my son/daughter,  
\_\_\_\_\_ to appear in still pictures and video to be  
used on television, newspapers, brochures, and on the Cartersville Twisters web page for the  
purpose of honoring the gymnasts or promoting the program.

If I rescind this permission in writing, no future pictures may be used.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Date

-----  
**No, I do not want my child's picture to appear in the public media options listed above.**

\_\_\_\_\_  
Athlete's Name

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Printed name of parent or guardian

\_\_\_\_\_  
Date



## Cartersville Twisters 2021-2022

### Team Family Agreement with the Gymnastics Coordinator

The following points are common knowledge to most of you. It is the form of agreement that is to be signed because there are a few people who seem to be caught in situations without being aware of the obligations. This process is in place to ensure that the pertinent information has been received.

I understand that there are family obligations associated with having a child as a member of the Cartersville Twisters.

1. The training fees, payable to Cartersville Parks and Recreation Department, are due by the first day of each month. I am expected to pay the full amount or keep my child home from practice. I understand that the fee will not be reduced for occasional cancelled practices. If my child is injured and will miss several weeks of practice I should let Lisa at the Parks and Rec department know so a possibility of fee reduction can be discussed. A doctor's note may have to be provided showing they need time off.
2. Each family has a time obligation to work a certain number of sessions determined by the number of competitors, in ALL of the meets hosted by the Cartersville Twisters. **I understand that ALL meets means just that (Girls meets & Boys meets) even if my child is in them or not.** Families with two children on the team will work one and a half time of the others. The family would be required to work the meets even if there were no Booster Club. It takes everyone to run one successfully. If the parents fail to fulfill the meet obligation, the following will occur:  
1<sup>st</sup> time –A fine assessed by the Booster Club as stated in the Parents Handbook. Currently, \$100.00 per session missed.  
I understand that if I have a problem with working at a meet. I will need to make arrangements to cover my required sessions I need to work. Substitutes are available for hire \$35/ session. You must find your own sub. A list of subs will be supplied by the booster club, or you may hire a family member or friend as long as they meet age requirements.
3. It is important that the child attends the scheduled practices and on time. I accept the responsibility for their attendance and to contact the gym if an absence is necessary. If there are three non-approved absences, I understand that a conference will take place with the Coordinator to determine if the family and child's schedule and desire are sufficient to continue in the competitive program. Repeated absences following that conference may be an indication that the schedules are not compatible with this competitive sports program. Sometimes desire is not enough. There will always be a place in the developmental program for the child interested in the sport as a recreational activity.
4. I understand that being involved in the competitive program my child should compete in all scheduled meets for their level. Two unattended meets for non-approved reasons will be an indication that the desire for competition is not sufficiently strong enough to continue. Non-competitive gymnasts may not train in a practice with competitors. The mind-set is not the same and the situation becomes a distraction and safety hazard.
5. I understand that there may be times when I become concerned about a situation relating to my child, a coach, or the program. I also recognize that the proper manner of addressing a problem is discussion with the coach involved or the Coordinator. I also agree that negative bleacher talk or discussion with a non-involved coach, who is not in control of the situation, is counter-productive. **I understand that negative bleacher talk during a meet in our gym or another is detrimental and embarrassing to our program.** It is embarrassing to the coaches and other parents sitting nearby. Problems should be resolved privately in the office and not shared with other parties that are not involved. Once the situation is solved I agree to move forward and not hold any grudges with those involved.

Thank you for your cooperation and we are looking forward to a spectacular season.

My signature is a testament that I have read, understood and agreed to fulfill the family obligations for my child as a member of the Cartersville Twisters competitive program.

---

Print Name

Signature

Date

Andrei Kouznetsov\_\_\_\_\_

Date\_\_\_\_\_



## Cartersville Gymnastics Booster Club Fee Contract

Athlete Name: \_\_\_\_\_ Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: 1<sup>st</sup> \_\_\_\_\_ 2nd \_\_\_\_\_

Email: 1<sup>st</sup> \_\_\_\_\_ 2nd \_\_\_\_\_

### Payment Plan

A. Please select the option you intend to pay the booster club fees for 2021-2022 by **placing your initials beside your choice as well as circle the number.**

1. I intend to pay the entire fee by September 15, 2021.
2. I intend to pay the fees in two (2) equal payments, September 15, 2021 and December 15, 2021.
3. I intend to pay the fees in three (3) equal payments, September 15, 2021, November 15, 2021, and January 15, 2022.
4. I intend to pay the fees in six (6) equal payments, September 15, 2021, October 15, 2021, November 15, 2021, December 15, 2021, January 15, 2022, and February 15, 2022.

Please initial each of the following acknowledgements regarding policies for 2021-2022.

- a. I acknowledge that these fees are separate from Uniform/ clothing and other items that may be ordered for my child.
- b. I acknowledge that I understand that if my fees are not paid in full by March 1, 2022, my child will not be enrolled to participate in the State Meet Spring 2022.

C. Reminder: No cash payments will be accepted for booster club fees/ uniform fees this year **except** on Tuesdays and Wednesdays (days subject to change) in person to Kate Rogers, where you will be given a receipt for proof of payment. Please make arrangements to pay by check, card, or cashiers check if necessary.

D. Please complete a separate contract for each athlete in your household.

---

**Parent/ Guardian Signature**

---

**Date**



## Participant Information

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ 2cd Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ 2cd Phone: \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ 2cd Phone: \_\_\_\_\_

Medical Condition:

Is Participant currently being treated for any medical condition: \_\_\_\_ Yes \_\_\_\_ No If "YES", please explain:

Is the Participant allergic to any known medications or suffer from any allergies? YES or NO (circle one)

If "YES", please explain:

Is the Participant currently taking ANY medications? YES or NO (circle one) If "YES", please explain:

Are there any other known medical issues or conditions that we should be made aware of? YES or NO (circle one)

If "YES", please explain:

Please advise in case of emergency and you are unable to be reached: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/ Guardian Signature

Date



PLEASE READ YOUR BOOSTER CLUB HANDBOOK CAREFULLY AND COMPLETE THIS FORM.

## BOOSTER CLUB AGREEMENT

Please read your Booster Club handbook carefully and complete and return this form.

\_\_\_\_\_ I have received and read my Booster Club handbook and have discussed my child's responsibility so that my child and I will understand our commitment and responsibility.

\_\_\_\_\_ I understand my financial obligations to the Booster Club. Failure to comply with my financial obligations to the Booster Club will result in my child not competing.

\_\_\_\_\_ I understand that if I do not pay my sponsorship dues in full by March 1st, 2022, that my gymnast will not compete in the State Meet, unless fees are paid in full. Returning gymnasts will forfeit their discount, and new gymnasts will be charged an additional fee.

\_\_\_\_\_ I understand my obligation to work a set number of sessions (to be determined prior to each meet) that the Cartersville Twisters host.

\_\_\_\_\_ I agree to pay the \$100.00 fine per session set by the Booster Club for all meet obligations I fail to fulfill. If this is not paid by March 1, 2022, your child will not be enrolled in the state meet.

\_\_\_\_\_ I understand that if I refuse to work or pay fines incurred. My child will be dropped from the competitive program.

\_\_\_\_\_ I understand that if my child is a Level 9 or 10 and qualifies for meets beyond regionals (Easterns, Nationals, U.S. Championships) that there will be additional booster fees and a payment plan will be worked out following qualifications.

---

Signature of Parent/Guardian

Date

---

Gymnast's Name(s)