

twin city
TWISTERS
GYMNASTICS

Twin City Twisters is an established gymnastics program that opened in 1987. TCT has produced countless national team members, more than 30 athletes have earned full ride division 1 college scholarships and many individual and team state, regional and national titles. Our brand new facility is full of new and exciting Ninja Warrior obstacles as well as a foam pit, trampolines and more!



Our fun, enthusiastic, creative camp instructors are super excited to be coaching this awesome camp.

All camps will be held at our Brooklyn Park facility:
10351 Xylon Ave. N.
Suite 140.

Access is off Winnetka
and Oxbow Creek Dr.

Who & When

Friday, October 18, 9:00AM-12:00

Our Ninja camp will be divided into two age groups, 3-6 and 7-11. There will be a minimum of 3 registered participants to run the camp, so bring your friends!

NINJA CAMP MEA

OCTOBER 18, 2019

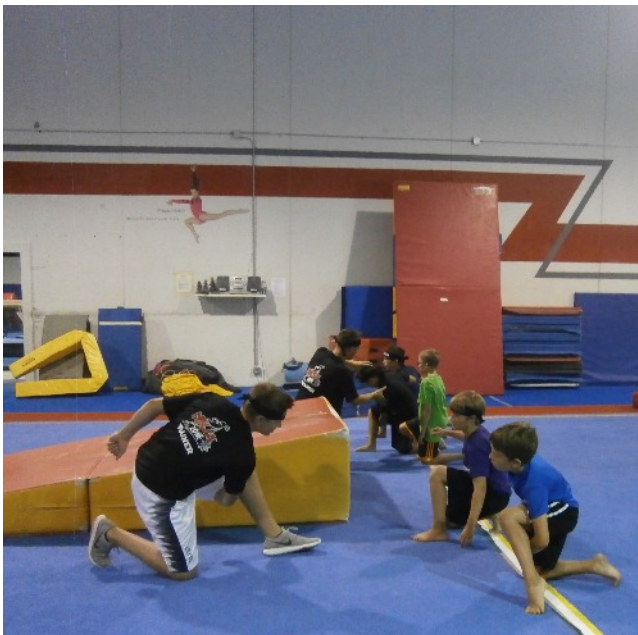


AT
TCT GYMNASTICS

NINJA ZONE



**NO NINJA
EXPERIENCE NECESSARY**



Camp Schedule

| | |
|--------------|-------------------------|
| 9:00-9:15 AM | Stretch & warm-up |
| 9:15-10:15 | Ninja instruction |
| 10:15-10:30 | Snack break |
| 10:30-11:00 | Ninja instruction |
| 11:00-11:30 | Open gym time |
| 11:30-12:00 | Obstacle course & games |
| 12:00 | Pick up |



The Camp

Ninja camp gives your child the confidence to take on any challenge and gives you peace of mind knowing that you are contributing to their physical, mental and emotional well-being.

Plus, your ninja will learn to kick, jump and flip like characters in their favorite video games. It doesn't get much cooler than that!

Ninja sport is a ton of fun for kids and instills values and techniques that provide an important foundation for your child's success.



More Than Just Ninja

Kids get to work on things such as coordination and balance. They will also have free time along with ninja warrior obstacles and games!

Wow! We have so many fun things planned at Ninja-camp! Make sure to sign up at the front desk. Spots will fill up quickly.

Phone: 763-421-3046 Fax: 763-421-1448

Registration deadline is the Wednesday prior to the week of camp.

**TCT/Ninja
Zone 2019
Ninja-Camp**

Please check
the date you'd
like to come

October 18
9:00am-12:00

Name _____ Gender: M F Birthdate ____/____/____
 Address _____ Street _____ City _____ State _____ Zip _____
 Home phone (____) _____ Cel phone (____) _____
 Parent(s) name _____
 In case of emergency contact: _____ phone # (____) _____
 Insurance Company _____

Ninja-camp enrollment fee: _____
 \$40 per participant
 Payable by: Cash / Check / Credit card
 Card Type: Visa / MasterCard / Discover
 Name on card: _____
 Card # _____
 Exp. Date ____/____/____ Billing zip code _____
 (prices subject to change)
 Email: _____

Parent Permission: (must be filled out and signed before first class)

_____ has my permission to participate in a gymnastics class/field trip at Twin City Twisters Gymnastics. I am aware that there are risks involved and that serious injury, and even death may result with improper conduct of this activity. I have instructed my child to follow directions. I give permission to Twin City Twisters Gymnastics and/or an appropriate medical facility to make whatever emergency (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of Twin City Twisters Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on a parent's behalf. I fully disclaim, waive, and discharge Twin City Twisters Gymnastics, their instructors, and directors from all claims with regard to any personal injury that may be incurred by my child during this class. My child is in good physical health, and there are no medical conditions which would limit his/her participation in class.

Parent/Guardian signature _____

Date _____

Mail or drop off at: Twin City twisters, 9001 - 123rd Ave. N., Champlin, MN 55316, Ph. 763-421-3046 fax: 763-421-1448