

HEAD OVER HEELS GYMNASTICS

4440 Bordentown Avenue, Sayreville, NJ 08857

.....where learning is FUN!

Phone: 732-238-6900 Fax: 732-238-6910

www.headoverheelsgym.com

student information

Home Ph: _____

Child 1 Name: _____

Age: ____ Sex: ____ D/O/B ____/____/____

Child 2 Name: _____

Age: ____ Sex: ____ D/O/B ____/____/____

Child 3 Name: _____

Age: ____ Sex: ____ D/O/B ____/____/____

Address: _____

Email: _____

City: _____

State: _____ Zip: _____

Any physical or mental conditions and/or allergies to which we should be alerted? _____

Mom's Name: _____

Wk #: _____

Cell #: _____

Dad's Name: _____

Wk #: _____

Cell #: _____

Emergency Contact Name: _____ Emergency Contact #: _____

How did you learn about Head Over Heels? Website Internet Friend Drive by Party Prev. Enrolled Coupon
 Enrolled Student Name _____

CLASS INFORMATION

Child 1:	Class	Circle the day of your class below	Time:
1st Choice	_____	M T W R F S	_____
2nd Choice	_____	M T W R F S	_____
Child 2:			
1st Choice	_____	M T W R F S	_____
2nd Choice	_____	M T W R F S	_____
Child 3:			
1st Choice	_____	M T W R F S	_____
2nd Choice	_____	M T W R F S	_____

*NO NEWS IS GOOD NEWS! WE CALL ONLY IF THERE IS DIFFICULTY SUPPLYING YOUR FIRST CLASS CHOICE!

PAYMENT INFORMATION

	<u>Admin Fee</u>	<u>Tuition</u>	<u>Total</u>
1st Child	_____	_____	_____
2nd Child	_____	_____	_____
3rd Child	_____	_____	_____
Amount Due:	_____	_____	_____

Name on Card: _____
Card #: _____
Signature: _____
Exp. Date: _____ Sec Code: _____
VISA MASTERCARD DISCOVER AMEX
CC # _____ CR # _____ CK # _____

Office Use

Term Dates/ PDD:	Attendance:
Make-Ups/Refunds:	Book:
LVL:	Computer:

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND RELEASE

I agree that I am aware that my son/daughter named above will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause serious injury to him/her. I understand that there are certain risks of injury inherent with the practice and play of this sport, as well as other related activities incidental to his/her participation. I agree that my son/daughter is voluntarily participating in these activities and is assuming all risks, loss, damage or injury. I hereby certify that my son/daughter is fully capable of participating in all these activities and that he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. If my son/daughter has any physical or mental condition that may impair his/her ability to engage in these activities, I understand that it is my responsibility to provide AGR, Inc., d/b/a Head Over Heels Gymnastics with a physician's statement describing any and all limitations my child has that might effect his/her participation in these programs. In addition to giving full consent for my child's participation, I do hereby agree to waive any claims and/or rights that I might otherwise have to sue AGR, Inc., d/b/a Head Over Heels Gymnastics, its officers, directors, shareholders, employees, agents and all others associated with the corporation from all liability for any and all damages and/or injuries that might occur as a result of these activities. I understand that AGR, Inc., d/b/a Head Over Heels Gymnastics makes no evaluation or recommendations whether my son or daughter is physically fit for any exercise activity.

I also give permission for photographs and videos for my child to be used in print or broadcast media as deemed appropriate for the promotion of any Head Over Heels Gymnastics activity.

Parent/Guardian Signature

Date:

White Copy...Submit to: Head Over Heels, 4440 Bordentown Avenue, Sayreville, NJ 08857 Phone: 732-238-6900 Fax: 732-238-6910

Yellow Copy...Keep for your record.

*Please read the Registration Agreement and Understanding on the reverse side of this page before registering.

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