

**Where Kids Come First and Learning is Fun**

Camper's Name: \_\_\_\_\_ Gender F M AGE: \_\_\_\_\_ DOB \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Camper's Name: \_\_\_\_\_ Gender F M AGE: \_\_\_\_\_ DOB \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_  
 # of years at Head Over Heels \_\_\_\_ Are you a new camper? \_\_\_\_ Who referred you? \_\_\_\_  
 Allergies/Medical Conditions: (Please explain) \_\_\_\_\_

**Select your Session**

**2 Hour Camp (Age 3-5 Yrs)**

**A.M. Session**

9:00 a.m. – 11:00 a.m.

**P.M. Session**

11:00 a.m. – 1:00 p.m.

**4 Hour Camp (Age 4 and Up)**

9:00 a.m. – 1:00 p.m.

**4 Hour CAMPERS:**

Please select an elective for each week day and write the letter of the elective on the line below.

**MONDAY**

GYM (G)  
KARATE (K)

**TUESDAY**

GYM (G)  
CHEER (C)  
KARATE (K)

**WEDNESDAY**

GYM (G)  
DANCE (D)  
KARATE (K)

**THURSDAY**

GYM (G)  
DANCE (D)

**FRIDAY**

GYM (G)  
CHEER (C)

**CHOOSE YOUR WEEKS:**

Week 1 June 28 <sup>th</sup> – July 2 <sup>nd</sup>	M _____	T _____	W _____	R _____	F _____
Week 2 July 5 <sup>th</sup> – July 9 <sup>th</sup>	M _____	T _____	W _____	R _____	F _____
Week 3 July 12 <sup>th</sup> – July 16 <sup>th</sup>	M _____	T _____	W _____	R _____	F _____
Week 4 July 19 <sup>th</sup> – July 23 <sup>rd</sup>	M _____	T _____	W _____	R _____	F _____
Week 5 July 26 <sup>th</sup> – July 30 <sup>th</sup>	M _____	T _____	W _____	R _____	F _____
Week 6 Aug 2 <sup>nd</sup> – Aug 6 <sup>th</sup>	M _____	T _____	W _____	R _____	F _____
Week 7 Aug 9 <sup>th</sup> – Aug 13 <sup>th</sup>	M _____	T _____	W _____	R _____	F _____
Week 8 Aug 16 <sup>th</sup> – Aug 20 <sup>th</sup>	M _____	T _____	W _____	R _____	F _____
Week 9 Aug 23 <sup>rd</sup> – Aug 27 <sup>th</sup>	M _____	T _____	W _____	R _____	F _____

**EXTENDED CARE:**

8am–9am \$5/day

Circle Days: M T W R F List Week #'s \_\_\_\_\_ x \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_

**PAYMENT OPTIONS**

Enclosed is my \$100 non-refundable deposit per child  
 Please charge my card for the entire camp tuition amount.  
 (Pay in full at time of registration by 4/1 and receive 5% off)  
 Please charge my card the balance of tuition on 6/1/10.

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Exp. Date Billing Zip Code Sec Code

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**PAYMENT**

Extended Care \$ \_\_\_\_\_ x (days) \_\_\_\_\_ \$ \_\_\_\_\_  
 Camper (1) Tuition \$ \_\_\_\_\_ x (weeks) \_\_\_\_\_ \$ \_\_\_\_\_  
 Camper (2) Tuition \$ \_\_\_\_\_ x (weeks) \_\_\_\_\_ \$ \_\_\_\_\_  
 TOTAL DUE \$ \_\_\_\_\_  
 AMT PAID \$ \_\_\_\_\_  
 BALANCE DUE PRIOR TO JUNE 1<sup>st</sup> 2010 \$ \_\_\_\_\_

**OFFICE USE**

DEPOSIT Date: \_\_\_\_\_ BALANCE Date: \_\_\_\_\_  
 CC \_\_\_\_\_ CC \_\_\_\_\_  
 Ck \_\_\_\_\_ Ck \_\_\_\_\_  
 Cash \_\_\_\_\_ Cash \_\_\_\_\_

**TERMS OF ENROLLMENT**

- **NO MAKE-UPS OR REFUNDS**
- For the safety and general welfare of our campers, we reserve the right to dismiss a camper whose conduct or influence, in the opinion of the director, is not in the best interest of our Camp.
- All deposits are NON-REFUNDABLE
- You will be obligated for days/weeks chosen on this form.

**ACKNOWLEDGMENT OF WAIVER AND RELEASE**

I agree that I am aware that my son or daughter will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause injury to him/her. I agree that my son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might occur as a result thereof. I 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 director's 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. If my son or daughter has any physical condition that may impair his/her ability to engage in these activities, I understand that it is my responsibility to obtain a physician's statement describing any limitations to participate in this program. I also give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate for the promotion of HEAD OVER HEELS GYMNASTICS/BODIES IN MOTION activities.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

