

HEAD OVER HEELS GYMNASTICS

Camp GymMania

4440 Bordentown Avenue | 732-238-6900
Sayreville, NJ 08857 | 732-238-6910

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 (Ages 3-5 Yrs)

9:00 a.m. – 11:00 a.m. 11:00 a.m. – 1:00 p.m.

4 Hour Camp (Ages 4 & Up)

9:00 a.m. – 1:00 p.m.

Full Day Camp (Ages 4 & Up)

9:00 a.m. – 4:00 p.m.

EXTENDED CARE:

8am-9am \$5/day

4pm-5:15pm \$6/day

8am-9am and 4pm-5:15pm \$10/day

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

4 Hour & Full Day Campers:

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

MONDAY

GYM (G)
DANCE (D)

TUESDAY

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

WEDNESDAY

GYM (G)
KARATE (K)

THURSDAY

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

FRIDAY

GYM (G)
CHEER (C)

CHOOSE YOUR WEEKS:

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

Field Trips (Optional) Please check off the trips your child will attend

| | |
|--|---|
| Week 1 Wed 6/30/10 Holmdel Park (Chores) \$11.00 | Fri 7/2/10 Roller-skating at South Amboy \$10.00 |
| Week 2 Tue 7/6/10 Movies \$12.00* | Thur 7/8/10 Fun Time America \$15.00 |
| Week 3 Mon 7/12/10 Bowling at Strathmore Lanes \$12.00 | Wed 7/14/10 Let's Make Pizza \$15.00 |
| Week 4 Tue 7/20/10 Little Scoops Ice Cream \$14.00 | Fri 7/23/10 The Clay Pot \$15.00 |
| Week 5 Mon 7/26/10 Extra Innings \$15.00 | Thur 7/29/10 Rock Climbing \$18.00 |
| Week 6 Mon 8/2/10 Holmdel Park (Animals) \$11.00 | Fri 8/6/10 Movies \$12.00* |
| Week 7 Tue 8/10/10 Bowling at Strathmore Lanes \$12.00 | Wed 8/11/10 Little Scoops Ice Cream \$14.00 |
| Week 8 Mon 8/16/10 Fun Time America \$15.00 | Thur 8/19/10 Roller-skating at South Amboy \$10.00 |
| Week 9 Tue 8/24/10 The Clay Pot \$15.00 | Fri 8/27/10 Let's Make Pizza \$15.00 |

TOTAL # of TRIPS _____

TOTAL DUE: \$ _____

(*Bring \$3.00 for popcorn & soda)

**PLEASE SEE REVERSE SIDE FOR PAYMENT DETAILS AND
ACKNOWLEDGEMENT OF WAIVER AND RELEASE.
THANK YOU.**

PAYMENT INFORMATION

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: _____

Card Number

Exp. Date

Billing Zip Code

Sec. Code(on back)

- - - /

PAYMENT

OFFICE USE

Extended Care \$ _____ x (days) _____ \$ _____

Field Trips: \$ _____

Camper (1) Tuition \$ _____ x (weeks) _____ \$ _____

Camper (2) Tuition \$ _____ x (weeks) _____ \$ _____

TOTAL DUE \$ _____

AMT PAID \$ _____

BALANCE DUE PRIOR TO JUNE 1st 2010 \$ _____

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.

ACKNOWLEDGEMENT OF WAIVER & 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, it's 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: _____