

Child's Name: \_\_\_\_\_ Gender F M DOB \_\_\_/\_\_\_/\_\_\_ Home # \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Gender F M DOB \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_  
 # of years at Head Over Heels \_\_\_\_ Who referred you? \_\_\_\_\_  
 Allergies/Medical Conditions: (Please explain) \_\_\_\_\_  
 Are there any problems that may prohibit or limit your child's exercise activity?  
 \_\_\_\_\_  
 \_\_\_\_\_

**CLASS INFORMATION**

Choose your weeks: Minimum of 4 weeks.

- |   |   |
|---|---|
| <input type="checkbox"/> Week 1 June 28 <sup>th</sup> – July 2 <sup>nd</sup>  | <input type="checkbox"/> Week 6 Aug 2 <sup>nd</sup> – Aug 6 <sup>th</sup>   |
| <input type="checkbox"/> Week 2 July 5 <sup>th</sup> – July 9 <sup>th</sup>   | <input type="checkbox"/> Week 7 Aug 9 <sup>th</sup> – Aug 13 <sup>th</sup>  |
| <input type="checkbox"/> Week 3 July 12 <sup>th</sup> – July 16 <sup>th</sup> | <input type="checkbox"/> Week 8 Aug 16 <sup>th</sup> – Aug 20 <sup>th</sup> |
| <input type="checkbox"/> Week 4 July 19 <sup>th</sup> – July 23 <sup>rd</sup> | <input type="checkbox"/> Week 9 Aug 23 <sup>rd</sup> – Aug 27 <sup>th</sup> |
| <input type="checkbox"/> Week 5 July 26 <sup>th</sup> – July 30 <sup>th</sup> |   |

1st Choice: Class \_\_\_\_\_ Age/Grade \_\_\_\_\_ Level (If Applicable) \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 2nd Choice: Class \_\_\_\_\_ Age/Grade \_\_\_\_\_ Level (If Applicable) \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 1st Choice: Class \_\_\_\_\_ Age/Grade \_\_\_\_\_ Level (If Applicable) \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 2nd Choice: Class \_\_\_\_\_ Age/Grade \_\_\_\_\_ Level (If Applicable) \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

**PAYMENT INFORMATION**

Annual Administrative Fee 1<sup>st</sup> Child \$ \_\_\_\_\_ + 2<sup>nd</sup> Child \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Tuition (Full Payment Required) 1<sup>st</sup> Child \$ \_\_\_\_\_ + 2<sup>nd</sup> Child \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 TOTAL DUE \$ \_\_\_\_\_  
 Payment Type: Cash Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ CC Approval # \_\_\_\_\_

**\* Pay in full at time of registration.**  
**\* A 10% discount will be given to your 2<sup>nd</sup> child, 20% to the 3<sup>rd</sup> and any additional children (if registering after 6/1/10)**  
**\* You will be obligated for the days/weeks chosen on this form. No make-ups or refunds apply.**

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 activities.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_