

**HEAD OVER HEELS SUMMER 2010 REGISTRATION FORM
SUMMER CLASSES**

**7 KANES LANE, MIDDLETOWN, NJ 07748
PHONE: (732) 671-2328 FAX: (732) 671-3093**

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

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 1st Child \$ _____ + 2nd Child \$ _____ = \$ _____
Tuition (Full Payment Required) 1st Child \$ _____ + 2nd 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 2nd child, 20% to the 3rd 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:** _____