

**HEAD OVER HEELS 2008 REGISTRATION FORM
CLASS REGISTRATION**

4440 Bordentown Avenue, Sayreville
Phone: 732-238-6900 Fax: 732-238-6910

STUDENT INFORMATION

Name: _____ Sex _____ Age _____ DOB ____/____/____ Home: _____
 Name: _____ Sex _____ Age _____ DOB ____/____/____ Cell: _____
 Address: _____ Alt. Emergency: _____
 City _____ State _____ Zip _____ Email: _____
 Any medical conditions or allergies to which we should be alerted _____
 Mom's Name: _____ Place of Business: _____ Occupation: _____ Phone _____
 Dad's Name: _____ Place of Business: _____ Occupation: _____ Phone _____
 How did you learn about Head Over Heels? _____

CLASS INFORMATION

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: _____ *

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

PAYMENT INFORMATION

Annual Administration Fee 1st Child \$ _____ + 2nd Child \$ _____ = \$ _____
 Tuition (full payment required) 1st Child \$ _____ + 2nd Child \$ _____ = \$ _____
TOTAL DUE: \$ _____

Payment Type: Cash Receipt # _____ Check # _____ Credit Card Approval # _____

MasterCard Name on Credit Card: _____
 Visa Card Number: _____ Exp. Date: _____
 Discover Signature: _____

Acknowledgement of Risk, Waiver of Liability and Release

I agree that I am aware that my son or daughter named below 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 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. 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: _____