

HEAD OVER HEELS SUMMER REGISTRATION FORM  
FULL DAY CAMP

4440 Bordentown Avenue, Old Bridge, NJ 08857  
Phone: 732-238-6900 Fax: 732-238-6910

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F DOB \_\_\_/\_\_\_/\_\_\_ Home: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F DOB \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mom's Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Dad's Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medication / Allergies: \_\_\_\_\_  
 Are there any problems that may prohibit or limit your child's exercise activity? \_\_\_\_\_

**SELECT FROM THE FOLLOWING: T- SHIRT SIZE:** CS CM CL AS AM AL

**Please select an elective for each week day:**

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
	Dance (D)	Dance (D)	Karate (K)	Cheer (C)	Cheer (C)
	Gym (G)	Karate (K)	Gym (G)	Gym (G)	Gym (G)
		Gym (G)			

**Hours: 9:00 a.m. – 4:00 p.m.**

Chose your weeks: Write the letter of the class you have chosen on the line.

Week 1 July 2 <sup>nd</sup> – July 6 <sup>th</sup>	M _____	T _____	W <b>NO CAMP</b>	Th _____	F _____
Week 2 July 9 <sup>th</sup> – July 13 <sup>th</sup>	M _____	T _____	W _____	Th _____	F _____
Week 3 July 16 <sup>th</sup> – July 20 <sup>th</sup>	M _____	T _____	W _____	Th _____	F _____
Week 4 July 23 <sup>rd</sup> – July 27 <sup>th</sup>	M _____	T _____	W _____	Th _____	F _____
Week 5 July 30 <sup>th</sup> – Aug 3 <sup>rd</sup>	M _____	T _____	W _____	Th _____	F _____
Week 6 Aug 6 <sup>th</sup> – July 10 <sup>th</sup>	M _____	T _____	W _____	Th _____	F _____
Week 7 Aug 13 <sup>th</sup> – Aug 17 <sup>th</sup>	M _____	T _____	W _____	Th _____	F _____
Week 8 Aug 20 <sup>th</sup> – Aug 24 <sup>th</sup>	M _____	T _____	W _____	Th _____	F _____

**Full Day Camp:** 1 day/wk 2 days/wk 3 days/wk 4 days/wk 5 days/wk

2-3 Weeks	\$66/wk	\$120/wk	\$178/wk	\$232/wk	\$288/wk	
4-7 Weeks	\$64/wk	\$116/wk	\$168/wk	\$216/wk	\$255/wk	
8 Weeks	\$62/wk	\$112/wk	\$158/wk	\$208/wk	\$242/wk	x _____ (# of wks) = \$ _____

**Extended Care:** AM 8:00 am – 9:00 am PM 4:00 pm – 5:00 pm

AM - \$5/day PM - \$5/day Both - \$8/day x \_\_\_\_\_ (# of wks) = \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_  
 AMT PAID: \$ \_\_\_\_\_  
 BALANCE DUE: \$ \_\_\_\_\_

Check/Debit/Credit/Cash # \_\_\_\_\_

\* A \$50 Deposit per child is due at time of registration and is NON-REFUNDABLE.  
 \* Receive a 5% discount – Pay in full at time of registration prior to April 1<sup>st</sup>, 2007.  
 \* BALANCE DUE PRIOR TO JUNE 1<sup>ST</sup>, 2007  
 \* A 10% discount will be given to your 2<sup>nd</sup> child, 20% to the 3<sup>rd</sup> and any additional children.

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 directors, shareholders, employers, 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 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 HEADOVER HEEELS GYMNASTICS activities.

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