

HEAD OVER HEELS SUMMER REGISTRATION FORM
 SUMMER KIDS CAMP (Ages 4 & UP)

4440 Bordentown Avenue, Sayreville, 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>
	Gym (G) Dance (D)	Gym (G) Dance (D) Karate (K)	Gym (G) Karate (K) Cheer (C)	Gym (G) Karate (K)	Gym (G) Cheer (C)

Hours: 9:00 a.m. – 1:00 p.m.

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

Week 1 June 23 rd – June 27 th	M _____	T _____	W _____	TH _____	F _____
Week 2 June 30 th – July 4 th	M _____	T _____	W _____	TH _____	F <u>NO CAMP</u>
Week 3 July 7 th – July 11 th	M _____	T _____	W _____	TH _____	F _____
Week 4 July 14 th – July 18 th	M _____	T _____	W _____	TH _____	F _____
Week 5 July 21 st – July 25 th	M _____	T _____	W _____	TH _____	F _____
Week 6 July 28 th – Aug 1 st	M _____	T _____	W _____	TH _____	F _____
Week 7 Aug 4 th – Aug 8 th	M _____	T _____	W _____	TH _____	F _____
Week 8 Aug 11 th – Aug 15 th	M _____	T _____	W _____	TH _____	F _____
Week 9 Aug 18 th – Aug 22 nd	M _____	T _____	W _____	TH _____	F _____

Kids Camp:	1 day/wk	2 days/wk	3 days/wk	4 days/wk	5 days/wk	
2-3 Weeks	\$42/wk	\$76/wk	\$111/wk	\$144/wk	\$170/wk	
4-6 Weeks	\$39/wk	\$72/wk	\$102/wk	\$133/wk	\$158/wk	
7-9 Weeks	\$37/wk	\$68/wk	\$ 97/wk	\$126/wk	\$148/wk	
					\$ _____	x _____ (# of weeks) = \$ _____
Extended Care:	AM 8:00 am – 9:00 am	PM 4:00 pm – 5:00 pm				
	AM - \$5/day	PM - \$5/day	Both - \$9/day		\$ _____	x _____ (# of weeks) = \$ _____

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. * BALANCE DUE PRIOR TO JUNE 1ST, 2008
 * Receive a 5% discount- Pay in full at time of registration prior to April 1st, 2008. * A 10% discount will be given to your 2nd sibling
 * You will be obligated for weeks/days chosen on this form. * 20% to the 3rd and any additional siblings.

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 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 HEAD OVER HEEELS GYMNASTICS activities.

SIGNATURE: _____ Date: _____