

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

7 Kaness Lane, Middletown  
Phone: 732-671-2328 Fax: 732-671-3093

**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**

1<sup>st</sup> Choice: Class \_\_\_\_\_ Age/Grade \_\_\_\_\_ Level (if Applicable): \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ \*  
 2<sup>nd</sup> Choice: Class \_\_\_\_\_ Age/Grade \_\_\_\_\_ Level (if Applicable): \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ \*

1<sup>st</sup> Choice: Class \_\_\_\_\_ Age/Grade \_\_\_\_\_ Level (if Applicable): \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_ \*  
 2<sup>nd</sup> 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      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 # \_\_\_\_\_    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: \_\_\_\_\_