

**HEAD OVER HEELS SUMMER 2007 REGISTRATION FORM
SUMMER CLASSES**

**7 Kanes Lane, Middletown, NJ 07748
Phone: 732-671-2328 Fax 732-671-3093**

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? _____

CLASS INFORMATION

Choose your weeks: Minimum of 4 weeks. No make-ups/Refunds

Week 1 July 2 nd – July 6 th (No July 4 th)	Week 5 July 30 th – Aug 3 rd
Week 2 July 9 th – July 13 th	Week 6 Aug 6 th – Aug 10 th
Week 3 July 16 th – July 20 th	Week 7 Aug 13 th – Aug 17 th
Week 4 July 23 rd – July 27 th	Week 8 Aug 20 th – Aug 24 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 # _____ Credit Card Approval # _____

- * **BALANCE DUE PRIOR TO JUNE 1ST, 2007**
- * **A 10% discount will be given to your 2nd child, 20% to the 3rd and any additional children.**
- * **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 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 HEELS GYMNASTICS activities.

SIGNATURE: _____ Date: _____