

**HEAD OVER HEELS SUMMER 2008 REGISTRATION FORM  
SUMMER KIDS CAMP (Ages 4 & Up)**

**7 Kaness 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? \_\_\_\_\_

**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) Karate (K)	Gym (G) Cheer (C)	Gym (G) Dance (D) Karate (K)	Gym (G) Dance (D) Karate (K)

**Hours: 9:00 a.m. – 1:00 p.m.**

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

Week	Dates	M	T	W	TH	F
Week 1	June 30 <sup>th</sup> – July 4 <sup>th</sup>	M _____	T _____	W _____	TH _____	F <u>No Camp</u>
Week 2	July 7 <sup>th</sup> – July 11 <sup>th</sup>	M _____	T _____	W _____	TH _____	F _____
Week 3	July 14 <sup>th</sup> – July 18 <sup>th</sup>	M _____	T _____	W _____	TH _____	F _____
Week 4	July 21 <sup>st</sup> – July 25 <sup>th</sup>	M _____	T _____	W _____	TH _____	F _____
Week 5	July 28 <sup>th</sup> – Aug 1 <sup>st</sup>	M _____	T _____	W _____	TH _____	F _____
Week 6	Aug 4 <sup>th</sup> – Aug 8 <sup>th</sup>	M _____	T _____	W _____	TH _____	F _____
Week 7	Aug 11 <sup>th</sup> – Aug 15 <sup>th</sup>	M _____	T _____	W _____	TH _____	F _____
Week 8	Aug 18 <sup>th</sup> – Aug 22 <sup>nd</sup>	M _____	T _____	W _____	TH _____	F _____

**Summer Kids Camp:**

<u>1 Day/wk</u>	<u>2 Days/wk</u>	<u>3 Days/wk</u>	<u>4 Days/wk</u>	<u>5 Days/wk</u>
2-3 Weeks <b>\$44/wk</b>	2-3 Weeks <b>\$84/wk</b>	2-3 Weeks <b>\$120</b>	2-3 Weeks <b>\$156</b>	2-3 Weeks <b>\$190</b>
4-5 Weeks <b>\$42/wk</b>	4-5 Weeks <b>\$80/wk</b>	4-5 Weeks <b>\$114</b>	4-5 Weeks <b>\$148</b>	4-5 Weeks <b>\$180</b>
6-7 Weeks <b>\$41/wk</b>	6-7 Weeks <b>\$76/wk</b>	6-7 Weeks <b>\$108</b>	6-7 Weeks <b>\$144</b>	6-7 Weeks <b>\$170</b>
8 Weeks <b>\$40/wk</b>	8 Weeks <b>\$72/wk</b>	8 Weeks <b>\$105</b>	8 Weeks <b>\$136</b>	8 Weeks <b>\$160</b>

\$ \_\_\_\_\_ x \_\_\_\_\_ (# of weeks) = \$ \_\_\_\_\_

**Early Drop off Service from 8:00 – 9:00 a.m. (\$5.00 per day)**

EARLY DROP OFF \$ \_\_\_\_\_  
 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> 2008.**

**\* You will be obligated for weeks/days chosen on this form.**

**NO MAKE-UPS or REFUNDS APPLY**

**\* BALANCE DUE PRIOR TO JUNE 1<sup>ST</sup>, 2008**

**\* A 10% discount will be given to your 2<sup>nd</sup> sibling,  
20% to the 3<sup>rd</sup> and any additional siblings.**

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: \_\_\_\_\_