

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

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: _____ *

* NO NEWS IS GOOD NEWS! WE CALL ONLY IF THERE IS A DIFFICULTY SUPPLYING YOUR FIRST CLASS CHOICE!

Please choose a minimum of 4 weeks

GYMNASTICS

Please check off the weeks in which you will be attending:

- | | |
|--|--|
| Week 1 June 23 rd - June 27 th | Week 6 July 28 th - Aug 1 st |
| Week 2 June 30 th - July 4 th (no 4 th of July) | Week 7 Aug 4 th - Aug 8 th |
| Week 3 July 7 th - July 11 th | Week 8 Aug 11 th - Aug 15 th |
| Week 4 July 14 th - July 18 th | Week 9 Aug 18 th - Aug 22 nd |
| Week 5 July 21 st - July 25 th | |

* Sign up for 9 weeks and pay for 8 weeks!

DANCE

Please check off the weeks in which you will be attending:

- | | |
|--|--|
| Week 1 July 14 ^h - July 18 th | Week 4 Aug 4 th - Aug 8 th |
| Week 2 July 21 st - July 25 th | Week 5 Aug 11 th - Aug 15 th |
| Week 3 July 28 th - Aug 1 st | Week 6 Aug 18 th - Aug 22 nd |

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 # _____

***You are obligated for weeks/days chosen, NO MAKE-UPS OR REFUNDS APPLY**

I agree that I am aware that my son/daughter will be engaging in physical exercise involving various dance, 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 officers, it's director's, shareholders, employers, agents and all other 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/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: _____

