HEAD OVER HEELS SUMMER REGISTRATION FORM
SUMMER TOTS CAMP (Ages 3-5)

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: (circle)**T- SHIRT SIZE**: CS CM CL AS AM AL

Choose from the following times: (circle)
9:00 a.m. – 11:00 a.m. or 11:00 a.m. – 1:00 p.m.

Please check the days your child will attend camp:

Week 1 June 23rd – June 27th	**M**	_____	**T**	_____	**W**	_____	**TH** _____
Week 2 June 30th – July 4th	**M**	_____	**T**	_____	**W**	_____	**TH** _____
Week 3 July 7th – July 11th	**M**	_____	**T**	_____	**W**	_____	**TH** _____
Week 4 July 14th – July 18th	**M**	_____	**T**	_____	**W**	_____	**TH** _____
Week 5 July 21st – July 25th	**M**	_____	**T**	_____	**W**	_____	**TH** _____
Week 6 July 28th – Aug 1st	**M**	_____	**T**	_____	**W**	_____	**TH** _____
Week 7 Aug 4th – Aug 8th	**M**	_____	**T**	_____	**W**	_____	**TH** _____
Week 8 Aug 11th – Aug 15th	**M**	_____	**T**	_____	**W**	_____	**TH** _____
Week 9 Aug 18th – Aug 22nd	**M**	_____	**T**	_____	**W**	_____	**TH** _____

Tots Camp:	**1day/wk**	**2 days/wk**	**3 days/wk**	**4 days/wk**
2-3 Weeks	**$23/wk**	**$40/wk**	**$57/wk**	**$72/wk**
4-6 Weeks	**$21/wk**	**$38/wk**	**$54/wk**	**$68/wk**
7-9 Weeks	**$19/wk**	**$34/wk**	**$49/wk**	**$62/wk**

Extended Care: **AM** 8:00 am – 9:00 am $5/day $ _____X_____(# of weeks) = $ _____
$ _____ X_____(# of weeks) = $ _____

TOTAL DUE: $_____
AMT PAID: $_____
Check/Debit/Credit/Cash #_____ BALANCE DUE: $_____

*** 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 1st, 2008.**
***You will be obligated for weeks/days chosen on this form.**
NO MAKE-UPS OR REFUNDS APPLY

*** BALANCE DUE PRIOR TO JUNE 1ST, 2008**
*** A 10% discount will be given to your 2nd sibling**
*** 20% to the 3rd 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: _____