

Head Over Heels Registration Form

Part A. Participant Information

Mother's Name _____ Father's Name _____
Address _____ City _____ Zip _____
Home Phone (_____) _____ Cell/Work Phone (_____) _____
Email Address _____ Would you like to be added to the mailing list?: Yes No
Emergency Contact _____ Relationship _____ Phone _____
Participant Name _____ Age _____ D.O.B. _____ Gender: M F
1st Choice: Class Name _____ Day _____ Time _____
2nd Choice: Class Name _____ Day _____ Time _____
Start Date _____ Registration Date _____ Renewal Date _____
Participant Name _____ Age _____ D.O.B. _____ Gender: M F
1st Choice: Class Name _____ Day _____ Time _____
2nd Choice: Class Name _____ Day _____ Time _____
Start Date _____ Registration Date _____ Renewal Date _____

Part B. Waiver, Release, and Authorization

Please initial that you have read, understand, and agree to the following:

_____ I understand that photos and/or videos of my child(ren) may be used by Head Over Heels for advertising purposes.
_____ I will not leave the facility while my child(ren) is/are participating in a class without first notifying a staff member.
_____ I carry health insurance on my child(ren) that is/are participating in a Head Over Heels class or event.
_____ I will not leave my child(ren) that are NOT in a class unsupervised while visiting Head Over Heels.
_____ I have been given a copy of the Yearly Calendar, Tuition Card and the Policies and Procedures.
_____ I have read, understand, and agree to all policies and procedures enforced by Head Over Heels including the following.
I know when my tuition payment is due and understand that a late fee will be charged if paid after the due date. I have been notified of and understand the withdrawal policy and that a fee will be charged if notified after the deadline.

I fully understand that gymnastics, cheerleading, tumbling, dancing, and any and all activities involves risk and possible injury, even paralysis and death. I understand that my responsibility as a parent is to warn my child/children of the dangers involved in participating in a class, birthday party, camp, clinic, lock-in, or any other event at Head Over Heels. I understand that Head Over Heels Gymnastics and Activity Center, Inc. does not carry medical insurance for participants and I forever release and hold harmless the company, staff, owners, agents, facility and equipment owners and other related parties from the responsibility or liabilities for deductibles, medical expenses, and/or other damages incurred by my child/children, myself, or family members while participating or visiting the facility of Head Over heels event. I authorize the staff of Head Over Heels to summon medical attention in the event of injury if the parent, guardian or emergency contact can not be reached. I also agree to cover the cost of the medical attention summoned by Head Over Heels.

Having read, understand, and agreeing to the above, I give my permission for my child(ren) to participate in class and/or any event at Head Over Heels Gymnastics and Activity Center, Inc.

Signature _____ Date _____

Part C. Payment Information

Reg Fee \$ _____ + Tuition Fee \$ _____ Office Use ONLY
SubTotal \$ _____ - Discounts \$ _____ Payment Method: Cash Check# _____ Credit
Total Due \$ _____ Staff _____ I have notified customer of all policies: