

# 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  
1<sup>st</sup> Choice: Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
2<sup>nd</sup> Choice: Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
Start Date \_\_\_\_\_ Registration Date \_\_\_\_\_ Renewal Date \_\_\_\_\_  
Participant Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: M F  
1<sup>st</sup> Choice: Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
2<sup>nd</sup> 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 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: