



Head Over Heels Gymnastics 2017/18 Camp Registration



412 Washington Street – Norwell, MA 02061 – 781-659-3378 – www.HeadOverHeelsMA.com

STUDENT INFORMATION: NAME: _____ D.O.B. _____

Do we have a Health Form on file from attending HOH camp within the past year? Y N

Any allergies, physical limitations, or concerns we should be aware of during their time at HOH: _____

Do they require an Epi-pen or medication during camp? Y N (separate med. forms required – see office)

FAMILY INFORMATION _____ Home Phone # () _____

Email _____

Parent # 1 Name _____ Contact # () _____

Parent # 2 Name _____ Contact # () _____

Home Address _____ City _____ Zip _____

Emergency contact: Name _____ Contact # () _____
(We will always try to reach a parent first)

AUTHORIZED PICK-UPS – please list any adults that might possible pick up your child

- | | | |
|---|-------|---------------------|
| 1 | _____ | contact # () _____ |
| 2 | _____ | contact # () _____ |
| 3 | _____ | contact # () _____ |
| 4 | _____ | contact # () _____ |

PARENT AUTHORIZATION

I _____, Parent/Guardian of _____, hereby give permission to said son/daughter to participate in the activities of the summer program at Head Over Heels Gymnastics, Inc. I understand that gymnastics is a sport that involves height and rotation of the body, therefore, there are inherent risks involved. I hereby testify to my son/daughter's sound health of mind and body and I authorize the Head Over Heels Gymnastics Inc. to seek medical treatment at the nearest facility in case of emergency. I intend this statement to take effect as a sealed instrument.

Signature of Parent/Guardian _____ Date _____

Our camp is in compliance with the regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health.

Pricing and sign-up information is available on page 2

2017/18 Camp Registration (page 2)

<u>Half Day Camp Program</u> Age 4 + (9:30am – 12:00pm)	<u>Full Day Camp Program</u> Age 5 + (9:30am – 3:30pm)
Full Week \$175.	Full Week \$325.
Partial weeks available - Summer 2 day minimum	Partial weeks available - Summer 2 day minimum
1 Day \$50 2-3 Days \$45/day 4-5 Days/wk \$35/day	1 Day \$80 2-3 Days \$75/day 4-5 Days/wk \$65/day

Sibling Discount: All siblings receive 20% off of their camp tuition.

Multi-week discount (full week only): Summer only

Full day: take \$15 off each additional full week

Half day: take \$10 off each additional full week

HEALTH FORMS with a current exam date within 2 years are a must and should be turned in prior to camp attendance.

Extended Day Care is available:

For your convenience we offer early drop off from 8:00-9:00 and 4:00-5:30

Just \$5.00 per morning and \$5.00 per afternoon.

Free for those attending the full week of camp.

A \$50 non-refundable deposit is required for each week attending.

- **Please circle camp program and days requested for each week below.**

	Camp Weeks:	<u>HALF DAY</u> (9:30 – 12:00)	<u>FULL DAY</u> (9:30 – 3:30)	Ext. Day \$10 / day	Total / Wk	Amount Paid	Balance Due
	Vacation						
	Dec 27 – 29	X X W Th F	X X W Th F				
	Feb 19 - 23	M T W Th F	M T W Th F				
	Apr 16 – 20	M T W Th F	M T W Th F				
	Summer	2 Day Minimum	2 Day Minimum				
1	June 25 - 29	M T W Th F	M T W Th F				
2	July 2 - 6	xx closed xx	xx closed xx				
3	July 9 - 13	M T W Th F	M T W Th F				
4	July 16 - 20	M T W Th F	M T W Th F				
5	July 23 - 27	M T W Th F	M T W Th F				
6	July 30 - Aug 3	M T W Th F	M T W Th F				
7	Aug 6 - 10	M T W Th F	M T W Th F				
8	Aug 13 - 17	M T W Th F	M T W Th F				
9	Aug 20 - 24	M T W Th F	M T W Th F				