

Head Over Heels Gymnastics

Team Enrollment Form

www.HeadOverHeelsMA.com

NAME	D.O.B	J.O	Please denote group: days/time	
			Xcel (Fall)	Xcel (Summer)

Family Email _____ Home Phone# _____

Parent #1 Name _____ Contact # _____

Parent #2 Name _____ Contact # _____

Address _____ City _____ Zip _____

Emergency Contact(other than parent) _____ Emerg. # _____

Allergies that require an Epi-Pen or Inhaler: _____

Physical limitations or situations: _____

REGISTRATION & PAYMENT INFORMATION

*HOH Annual MEMBERSHIP FEE: \$50.00 first child \$75 family total

*Membership Fees are NON-REFUNDABLE and are due upon registration.

*Please note: A credit card MUST be on file to register for the team program.

Total Member Fee \$ _____

Registration Deposit \$ _____

Total \$ _____

Date received _____

Name on Card _____ MC / Visa

Card # _____ - _____ - _____ Exp Date ____/____

Signature _____

1. _____ Pay each month by cash, check, or credit card. (I understand that if payment is not received by the 7th of the month, my credit card on file will be charged and a \$5 administrative fee will be added).
2. _____ I choose to have my monthly tuition automatically deducted from my credit card. (Groups coming 2 days /wk receive \$10 off tuition, groups doing 3 or more days receive \$15 off tuition)

AUTHORIZATION

I _____, Parent/Guardian of _____, hereby give permission to said son/daughter to participate in the activities 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. I authorize the Head Over Heels Gymnastics Inc. to seek medical treatment at the nearest medical facility in case of emergency. I intend this statement to take effect as a sealed instrument.

Photo Opportunities: During the course of the year, there are many photo opportunities your child may be exposed to either at Head Over Heels Gymnastics, during away meets, gym events, etc. Photos may be used for newspapers, our website, posted in the gym, etc.

If you do not want your child's picture used in any public forum - please indicate by submitting written notice stating such - include name, class day, class time and signature.

By signing below, I fully understand and comply with the above as well as Head Over Heels Gymnastics Inc. Rules and Policies.

Signature of Parent/Guardian _____ Date _____