



HEAD OVER HEELS GYMNASTICS
 412 Washington Street . Norwell, MA . 02061
 ph:781-659-3378 fax:781-659-9773
 www.HeadOverHeelsMA.com

Class Enrollment Form

NAME	M/F	D.O.B.	Class & Length	Day & Time
1 st child				
2 nd child				
3 rd child				

Family E-mail _____ Home # (_____) _____
 Parent #1 Name _____ Contact # (_____) _____
 Parent #2 Name _____ Contact # (_____) _____
 Address _____ City/Town _____ Zip _____
 Emergency Contact (other than parent) _____ Emerg. #(_____) _____

Any information you provide will help us to better teach your child. Please list any limitations such as hearing problems, attention deficit, motor skill issues, prior injuries, etc. Please let us know of updates throughout the year.

Allergies requiring an Epi-Pen or Inhaler: _____
 Physical limitations or situations: _____

REGISTRATION INFORMATION	(office use) F/T date	Start date	#of cl.
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MEMBERSHIP FEE: \$30.00 1ST CHILD \$55.00 Family Total Membership Fee: \$ _____
 Membership Fees are NON-REFUNDABLE and are due upon registration. TUITION #1: \$ _____
 1. _____ Pay each term by cash, check, or credit card. #2: \$ _____
 2. _____ Automatic credit card billing. Payment for each term will #3: \$ _____
 be deducted from your card on file. See policies for discount information. Total : \$ _____

Automatic (keep on file) Credit Card Billing: Name on card _____ MC / Visa
 Card # _____ - _____ - _____ - _____ Exp. Date _____ / _____

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 _____