



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



2009-2010 Class Enrollment Form

Name	M/F		D.O.B.	Program Type	Day & Time
1st Child					
2nd Child					
3rd Child					

Family's Home Phone # (____) _____

Parent #1 Name _____ Contact # (____) _____

Parent #2 Name _____ Contact # (____) _____

Address _____ City/Town _____ Zip _____

e-mail address _____

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: _____

Physical limitations or situations: _____

REGISTRATION INFORMATION

MEMBERSHIP FEE: \$30.00 1ST CHILD, \$55.00 Family TOTAL Membership FEE: \$ _____

Membership Fees are NON-REFUNDABLE and are due upon registration. TUITION #1: \$ _____

Payment Options (Choose one)

1. _____ Pay each term's tuition by cash, check, or credit card. #2: \$ _____

2. _____ Automatic credit card billing. Each term will automatically be deducted from your card # on file. (Forms are available in the front office). #3: \$ _____

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** _____