



# Head Over Heels Gymnastics 2010 Camp Registration



412 Washington Street – Norwell, MA 02061 – 781-659-3378 – [www.HeadOverHeelsMA.com](http://www.HeadOverHeelsMA.com)

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Sex: M F

Age: \_\_\_\_\_

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

Do they require an Epi-pen on premises during camp? Y N (separate medical forms required)

## FAMILY INFORMATION

Home Phone # ( ) \_\_\_\_\_

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)

## REQUIRED FORMS

- **HEALTH FORMS** with a **current exam date** are a **MUST**. Health forms are acceptable as long as the exam date is current within two years. *If you are not sure if we have a health form on file for your child please contact our office and we will gladly check for you.*  
**Health Forms MUST be turned in PRIOR to camp attendance.**
- **Pick-Up Authorization Forms:** We will not release your child to any person who is not authorized on your pick-up form. Pick-up authorization forms are available in the front office.

## 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.

# 2010 Camp Registration (page 2)

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

<u>½ Day Camp Program</u>	<u>Full Day Camp Program</u>
ages 4 and up (9:30am – 12:00pm)	ages 5 and up (9:30am – 3:30pm)
Individual Days - \$30.00 / day	Individual Days - \$60.00 / day
3 or more Days - \$25.00 / day	3 or more Days - \$55.00 / day

- **Extended Day Care is available for the Full Day.**  
4:00 – 5:30pm -- \$5 / day (No charge for those attending the full week).
- **A \$50 non-refundable deposit is required for each week attending.**
- **Please make a copy for your records as No Confirmation will be sent to you.**

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

wk of:	CAMP PROGRAM	DAYS	Base Price	Ext. Day \$5/day	DEPOSIT	BALANCE
<b>FEBRUARY</b>	(2/15 – 19) Full Half	M Tu W Th F				
<b>APRIL</b>	(4/19 – 23) Full Half	M Tu W Th F				
<b>SUMMER</b>						
June 28	Full Half	M Tu W Th F				
July 5	Full Half	M T W Th F				
July 12	Full Half	M Tu W Th F				
July 19	Full Half	M Tu W Th F				
July 26	Full Half	M Tu W Th F				
Aug 2	Full Half	M Tu W Th F				
Aug 9	Full Half	M Tu W Th F				
Aug 16	Full Half	M Tu W Th F				
Aug 23	Full Half	M Tu W Th F				