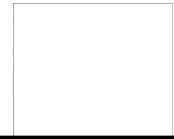


Head Over Heels Gymnastics 2011-2012 Camp Registration



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

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

Is there a current Health Form on file from a previous HOH Camp? Y N Date of Physical: _____

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 – see office) _____

FAMILY INFORMATION _____ Home Phone # () _____

Email _____

Confirm 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)

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.

2011 Camp Registration (page 2)

Child's Name: _____

<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)
1 or 2 days/wk - \$36.00 / day	1 or 2 days/wk - \$67.00 / day
3 – 5 days/wk - \$31.00 / day	3 – 5 days/wk - \$62.00 / day

• **Extended Day Care is available:**

- For your convenience our facility opens at 8:00am if you need to drop off campers early.
- Extended Care is available from 4:00 – 5:30pm for just \$5 / day.

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

• **All siblings receive \$5 off per day.**

• **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.**

Camp Weeks:	<u>HALF DAY</u> (9:30 – 12:00)	<u>FULL DAY</u> (9:30 – 3:30)	Ext. Day \$5 / day	Weekly Tuition	Amount Paid	Balance Due
Dec 27 - 29	x T W Th x	x T W Th x				
Feb 20 - 24	M T W Th F	M T W Th F				
Apr 16 - 20	M T W Th F	M T W Th F				
June 25 – 29	M T W Th F	M T W Th F				
July 2 – 6	----- closed -----	----- closed -----				
July 9 - 13	M T W Th F	M T W Th F				
July 16 - 20	M T W Th F	M T W Th F				
July 23 - 27	M T W Th F	M T W Th F				
July 30 – Aug 3	M T W Th F	M T W Th F				
Aug 6 - 10	M T W Th F	M T W Th F				
Aug 13 - 17	M T W Th F	M T W Th F				
Aug 20 - 24	M T W Th F	M T W Th F				