



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

D.O.B.

STUDENT INFORMATION: NAME:

Do we have a Health Form on file from attending HOH camp within the past year? Y N

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

Do they require an Epi-pen or medication during camp? Y N (separate med. forms required - see office)

| FAMILY INFORMATION | FORMATION Home Phone # () | | |
|---|----------------------------|-----|--|
| Email | | | |
| Parent # 1 Name | Contact # () | | |
| Parent # 2 Name | Contact # () | | |
| Home Address | City | Zip | |
| Emergency contact: Name (We will always try to reach a parent first) | Contact # () | | |

AUTHORIZED PICK-UPS - please list any adults that might possible pick up your child

| 1 | contact # () | |
|---|---------------|--|
| 2 | contact # () | |
| 3 | contact # () | |
| 4 | contact # () | |

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 th | ne 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 nea | arest facility in case of emergency. I |
| intend this statement to take effect as a sealed instrument. | |

| Signature of Parent/Guardiar | Date | е |
|------------------------------|------|---|
| | | |

Our camp is in compliance with the regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health.

Pricing and sign-up information is available on page 2

| Half Day Camp Program Age 4 + (9:30am – 12:00pm) | Full Day Camp Program Age 5 + (9:30am – 3:30pm) | | |
|---|---|--|--|
| Full Week \$175. | Full Week \$325. | | |
| Partial weeks available | Partial weeks available | | |
| 1 Day \$50 2-3 Days \$45/day 4-5 Days/wk \$35/day | 1 Day \$80 2-3 Days \$75/day 4-5 Days/wk \$65/day | | |

Sibling Discount: All siblings receive 20% off of their camp tuition.

Multi-week discount (full week only): Summer only

Full day: take \$15 off each additional full week

Half day: take \$10 off each additional full week

<u>HEALTH FORMS</u> with a current exam date within 2 years are a must and should be turned in prior to camp attendance.

Extended Day Care is available:

For your convenience we offer early drop off from 8:00-9:00 and 4:00-5:30

Just \$5.00 per morning and \$5.00 per afternoon.

Free for those attending the full week of camp.

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

• Please circle days requested for each week below.

| | Camp Weeks: | <u>HALF DAY</u> (9:30 – 12:00) | <u>FULL DAY</u> (9:30 – 3:30) | , | otal / Amount Wk Paid | Balance Due |
|---|-----------------|-----------------------------------|----------------------------------|---|--------------------------|----------------|
| | Vacation | | | | | |
| | Feb 18 - 22 | M T W Th F | M T W Th F | | | |
| | Apr 15 – 19 | M T W Th F | M T W Th F | | | |
| | Summer | HALF DAY | FULL DAY | | | |
| 1 | June 24 - 28 | M T W Th F | M T W Th F | | | |
| 2 | July 1 - 5 | xx closed xx | xx closed xx | | | |
| 3 | July 8 - 12 | M T W Th F | M T W Th F | | | |
| 4 | July 15 - 19 | M T W Th F | M T W Th F | | | |
| 5 | July 22 - 26 | M T W Th F | M T W Th F | | | |
| 6 | July 29 - Aug 2 | M T W Th F | M T W Th F | | | |
| 7 | Aug 5 - 9 | M T W Th F | M T W Th F | | | |
| 8 | Aug 12 - 16 | M T W Th F | M T W Th F | | | |
| 9 | Aug 19 - 23 | M T W Th F | M T W Th F | | | |