



# Student Registration Form

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Prior Student Y / N

Birth Date: \_\_\_\_\_ Parent(s)/Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Person Registering Child (if not Parent/Guardian): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Information (allergies/injuries): \_\_\_\_\_

### To Be Filled Out By Staff:

Class Attending: \_\_\_\_\_

Dates: \_\_\_\_\_

Session #1 #2 #3 #4 #S  
M T W TH F S

Class Time: \_\_\_\_\_

- 30 minutes  75 minutes
- 45 minutes  90 minutes
- 60 minutes

Class Price: \_\_\_\_\_

Annual Membership Fee: \_\_\_\_\_

Other (coupons, discounts,...): \_\_\_\_\_

Total: \_\_\_\_\_

Deposit: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Date: \_\_\_\_\_

Venmo Paypal Cash

Check# \_\_\_\_\_

### PLEASE READ ENROLLMENT POLICIES THOROUGHLY BEFORE SIGNING

I am aware that the participation in this sport can be dangerous activity involving many risks of injury I understand the dangers and risks of participation include serious neck or spinal injury which may result in paralysis, brain damage, serious injury to internal organs, injury to bones, ligaments, muscles, tendons, and other aspects of the body. Because of the dangers of the sport, I understand the importance of following the coach's instructions regarding technique, training and other rules and agree to obey instructions. In consideration for allowing participation, I hereby assume the risks, for the person named above, associated with the sport of gymnastics and agree to hold the school/gym, its employees or agents harmless from any and all liability causes of action, debts, claims, or demands of any nature whatsoever which may arise in connection with participation in these activities. I, as the parent/legal guardian, have read the above warning and release and understand its terms. I understand the sport of gymnastics involves many risks, including but not limited to those outlined above.

I state that the above named enrollee has no physical or mental conditions that prohibit full and rigorous participation in gymnastics. I further understand that it is my responsibility to inform Head Over Heels in writing of any physical or mental condition that the staff should be aware of in dealing with the enrollee during any activity and/or in case of emergency.

**One make-up class will be offered per session and must be arranged through the front desk before the session ends. Make-up classes cannot be carried over to the next session. Make-up classes can only be made up during like classes and not Open Gym.**

I agree to pay for all classes reserved for me. I realize there are no refunds for missed classes.

I understand should I withdraw for any reason, deposits/payments and registration fees are non-refundable.

I understand that any outstanding balances will be forwarded to a collection agency. A \$100 fee plus 1.5% interest per month from when the payment was due will be assessed and added in.

I authorize Head Over Heels to use any picture of my child for display and/or advertising purposes at any time (no residual payments may be collected). YES / NO (Please circle one)

**I have thoroughly read, understand, and accept all enrollment policies.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_