

HEAD OVER HEELS GYMNASTICS

School Name: _____ **DAY:** _____ **Class Time:** _____ (45 minute class)
Parent's Name _____ Phone(H) _____ (Mom) _____ (Dad)
_____ (W) _____ (W)
Address _____ City _____ State _____ Zip _____
E-mail address* _____ (will not be disclosed) Cell Phone _____
Child's Full Name _____ Age _____ Birthdate _____ Male/Female? _____
Name Child Uses _____ How did you hear about our program? _____

Registration Information: (please select auto-withdrawal or monthly invoices below) **Copy this form for your records.**

For Decatur schools, please call 205-981-2720 for pricing information and dates.

Automatic monthly credit/debit card withdrawal? Yes / No (please circle) tuition \$35.00/month

Visa/MC credit card # _____ (info will be secure)

Name on Card _____ Exp.date _____

OR: Mail monthly invoices:

*Via email _____ \$34.00/ month (*include email address above)

or via regular mail _____ \$35.00/ month (mailed with reply envelope to your home address above)

- Register at any time. After the first class of the month, the 2nd month's tuition will be pro-rated.
- No tuition refunds after the 2nd class of the month.
- Withdrawals from class require a 30-day written notice mailed to our office to avoid any additional charges.
- Any payments received after the 10th of the month will incur a \$10.00 late fee.

____ **Bronze Registration: \$50.00** Includes \$15. registration fee and first month's tuition

____ **Silver Registration: \$63.00** same as Bronze, also a Head Over Heels T-shirt

____ **Gold Registration: \$74.00** same as Bronze, also a Head Over Heels T-shirt and blue tumbling shorts.

For Silver and Gold Registration Packages, please circle the correct clothing size:

T-shirt (100% cotton): Toddler (4) XSM (5-6) SM (7-8) MED (8-10) LG (10-12)

Tumbling shorts (50/50 Poly/Cotton) XSM (2-4) SM (6-8) MED (8-10) LG (10-12)

Clothing will be mailed to you at the address listed above.

Please complete **BOTH SIDES** of this registration form and **MAIL** with your check payable to Head Over Heels.

Mail to: 500 Caldwell Trace Park, Birmingham, AL 35242.

DO NOT LEAVE FORM and/or PAYMENTS at your child's school! A slot in the class cannot be secured until all signed paperwork is processed IN OUR OFFICE.

Amount Paid _____ Check # _____ Date _____

* For more information visit us at www.headoverheelsgyms.com or call or 205-981-2720 *

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT (“AGREEMENT”) ©Pending**

In consideration of participating in gymnastics and/or related activities (Activity), I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue HOH Gymnastics, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Date: _____

PARENTAL CONSENT

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim. I also consent to allow my child’s photo or likeness to be used in promotion and advertising materials of Head Over Heels Gymnastics (HOH Gymnastics, Inc.).

Printed name of Parent/or Legal Guardian

Date: _____

Signature of Parent/or Legal Guardian

08/04