

2010-2011 HEAD OVER HEELS GYMNASTICS

Fill in the name of the class you are registering for below:

Class _____ Class Day _____ Time _____ Check# _____ \$ _____

Class _____ Class Day _____ Time _____ Check# _____ \$ _____

Child's Full Name _____ Age _____ Birthdate _____ Male/Female? _____

Name Child Uses _____ How did you hear about us? _____

Mom's Name _____ (home ph) _____ (Cell) _____ (work) _____

Dad's Name _____ (home ph) _____ (Cell) _____ (work) _____

Address _____ City _____ State _____ Zip _____

E-mail address* _____

*Email used for HOH office purposes only (will not be disclosed to any outside sources)

PLEASE FILL OUT BACK →

SCHOOL YEAR CLASS DATES: Aug. 14th thru May 21st. Please check website for scheduled holidays, etc.

REGISTRATION FEE: \$20 per child annually. * Payment in full receives 1/2 off Exhibition - 5/7/11

Tuition Payment options:	<u>55 minute classes</u> (Regular classes)	<u>45 minute classes</u> (Parent/Child classes)	<u>30 minute classes</u> (Parent/Child Intro)	<u>90 minute classes</u> (SilverStarz & Develop.)
<u>Full School Year payment-</u> Aug 14 - May 21	School year \$586*	School year \$526*	School year \$420*	School year \$646*
<u>Semester payments-</u> Fall - Aug 14 - Jan 8 Spring - Jan 10 - May 21	\$293 per semester	\$263 per semester	\$210 per semester	\$323 per semester
<u>Split auto-payments-</u> Auto-debited on your Visa or MC on 15th of each month.	10 payments of \$60	10 payments of \$54	10 payments of \$43	10 payments of \$66

Registration fee \$ **20** + Tuition \$ _____ = TOTAL \$ _____

Please choose payment option : **School year** _____ **Semester** _____ **Split Auto-pay** _____

- For Semester options, payments received more than 10 days after due date will incur \$10 late fee.
- **30-day written notice** required to drop out of any class. Slots cannot be held for re-registering later.
- Second (or more) child receives a 10% discount off their tuition(s). All full registration fees still apply.
- You may register at any time, tuitions are prorated for late registrations. No refunds after the first class of the session.
- Missed classes may be made up within 9 weeks only, please call our office to schedule.
- **Reverse side of this form must be completed for child to participate.**

FOR CREDIT CARD OR SPLIT AUTO-PAYMENTS: Visa/MC # _____

(info will be secure) Name on Card _____ Exp.date _____

Billing address on card _____

**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.

_____ Date: _____
Printed name of participant

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.).

_____ Date: _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

08/04

Please complete **BOTH SIDES** of form and return it or mail it with payment to:
Head Over Heels
500 Caldwell Trace Park, Birmingham, AL 35242
or **FAX** with Credit Card information to 205-981-2721

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