

(Please Read and sign all 4 sides )

# HEAD OVER HEELS GYMNASTICS NEW STUDENT REGISTRATION AND WAIVER

DATE: \_\_\_\_\_ CLASS DAY: \_\_\_\_\_ CLASS TIME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

PARENT'S NAME (first and last): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

How did you hear about us?

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? IF SO, PLEASE EXPLAIN.

AS A PARENT OR LEGAL GUARDIAN OF \_\_\_\_\_, I GIVE MY CONSENT FOR \_\_\_\_\_ TO PARTICIPATE IN THE PROGRAMS AT CASEY'S HEAD OVER HEELS GYMNASTICS. I UNDERSTAND THAT PARTICIPATION IN GYMNASTICS AND RELATED ACTIVITIES MAY RESULT IN UNAVOIDABLE INJURIES DUE TO THE HEIGHTS AND MOTIONS INVOLVED. THESE INJURIES MAY INCLUDE MUSCLE STRAINS AND TEARS, BROKEN BONES, AND SEVERE INJURIES SUCH AS PERMANENT PARALYSIS OR EVEN DEATH.

AS A CONSIDERATION TO ALLOWING THE ABOVE NAMED MINOR CHILD TO PARTICIPATE IN ACTIVITIES WITH HEAD OVER HEELS, INC. (HOH) I WAIVE ANY AND ALL RIGHTS OR CAUSES OF ACTION AGAINST CASEY'S HEAD OVER HEELS GYMNASTICS, INC. FOR ANY INJURIES SUFFERED BY MY CHILD AND OTHER DAMAGES SUFFERED BY THE CHILD OR MYSELF WHILE UNDER THE SUPERVISION OR CONTROL OF CASEY'S HEAD OVER HEELS GYMNASTICS, INC. AND IT'S EMPLOYEES.

THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY HAS BEEN READ BY ME AND UNDERSTOOD COMPLETELY AND SIGNED VOLUNTARILY. I AM 18 YEARS OF AGE OR OLDER.

PLEASE NOTE THAT WHILE IN THE GYM VIDEO OR STILL PICTURES MAYBE TAKEN AND USED BY HEAD OVER HEELS GYMNASTICS

PARENT/GUARDIAN SIGNATURE

DATE

Email address: \_\_\_\_\_

# Head Over Heels Gymnastics Medical Release Form

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PARENT'S NAME(S): \_\_\_\_\_

MOTHER'S PHONE (DAY): \_\_\_\_\_ NIGHT: \_\_\_\_\_

FATHER'S PHONE (DAY): \_\_\_\_\_ NIGHT: \_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_

## MEDICAL HISTORY

LIST ANY CURRENT MEDICATIONS: \_\_\_\_\_

LIST ANY CHRONIC ALLERGIES: \_\_\_\_\_

LIST ANY CONDITION/ILLNESS THAT MIGHT INTERFERE WITH  
GYMNASTICS: \_\_\_\_\_

LIST ANY MAJOR ILLNESS, SURGERY, OR OTHER INJURY (WITHIN THE PAST  
YEAR) \_\_\_\_\_

## PHYSICIAN INFORMATION

PREFERRED PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_

HOSPITALIZATION: \_\_\_\_\_

In the event of an emergency where parents or guardians cannot be reached, I hereby give my consent for the administration of treatment deemed necessary by the attending physician. This authorization does not include major surgery unless the informed medical opinion of consulting physicians indicates immediate medical intervention is necessary.

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

## Portrait Release for HEAD OVER HEEL's GYMNASTICS

I hereby grant Head over Heels permission to use my child's likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Head over Heels and will not be returned.

I hereby irrevocably authorize Head over Heels to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Head over Heel's programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Head over Heels from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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(Signature)

(Date)

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(Printed Name)

(Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

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(Parent/Guardian's Signature)

(Date)

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# HEAD OVER HEELS GYMNASTICS POLICIES AND PROCEDURES

Please read the policies and procedures carefully. Your signature below acknowledges that you have read them and will comply by them.

## CHILD'S SAFETY

Parents are responsible for their child's behavior and safety while on our premise. This includes parking lots, restrooms, waiting areas, etc....

## ABSENCES & TARDINESS

Please call ahead of time when your child will be absent from class. **Without prior notice of absence, we cannot give a make-up class.** Students arriving more than 5 minutes late will not be permitted into class and no make-up class will be given. It is mandatory that all students, including team members, be properly warmed up by our coaches before beginning gymnastics unless otherwise stated by a coach. This policy has been implemented for the safety of your children and our coaches. Thank you for your cooperation.

## REGISTRATION FEE/TUITION

*A \$30 nonrefundable family registration fee is due annually.* For example, if you first registered with HOH in July 2003, your registration fee would be due on July 1, 2004. Tuition is due the week before the first class of each session and is non-refundable. If tuition is not paid when due, your child's spot will become available to another student. A billing fee of \$10 is applied to late payments and returned checks receive a charge of \$35.

## MAKE-UP CLASSES

If your child has to miss his or her class, please give HOH at least 24 hour notice. Any allowed Make-Up classes will be made-up by attending another class in addition to your regularly scheduled class. **No refunds or credit will be given for missed classes.** Only one make-up class is permitted per session. Please schedule a make-up class with the office staff. There are no make-up classes for team.

## OBSERVATION

Parents and guests are always welcome to observe from the balcony upstairs. Please do so quietly; students can be easily distracted. Please do not coach or correct your child while in class-that's what the instructors are for. We ask that all children not enrolled in classes be supervised at all times; they are not permitted in the gym or office areas. We ask this for the safety of everyone at Head Over Heels. Thank you for your cooperation.

This acknowledgement has been read by me, understood completely, and signed voluntarily. I am 18 years of age or older.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Email address:**