

ACCT.#: \_\_\_\_\_  
PMT: Date \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount: \_\_\_\_\_

PLEASE FILL OUT SEPARATE  
MEDICAL FORM



172 Woburn Street - Reading, Ma 01867 - 781-944-2277 www.readinggymnastics.com

**"2012- SUMMER CHEERLEADER CAMP AGREEMENT**

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

ADDRESS: \_\_\_\_\_ HOME TEL# \_\_\_\_\_

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

PARENTS NAME: MOTHER \_\_\_\_\_ WORK# \_\_\_\_\_

FATHER: \_\_\_\_\_ WORK# \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

GYMNASTICS/CHEERLEADING ABILITY/EXPERIENCE: \_\_\_\_\_

PHYSICAL LIMITATIONS IF ANY (otherwise state NONE). \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

CELL # \_\_\_\_\_ HOME # \_\_\_\_\_

I am registering the above named child in the RGA June 25<sup>th</sup> -June 29th, 2012 Summer Cheerleader Tumbling Camp

\_\_\_\_\_ 2 Day \_(\$95.00) \_\_\_\_\_ 5 day \_(\$165.00)

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The above registrant (his/her legal guardian or parent if under eighteen (18) years of age) agrees to indemnify and hold harmless Reading Gymnastics Academy, Inc., it's officers, members, agents and coaches, instructors against any and all liability, claims, damages, losses and expenses, including attorney's fees, arising from the registrants participation, or from any cause whatsoever. I fully realize that gymnastics/cheerleading can be a dangerous sport that could result in serious injury or possibly death. I further agree that the above registrant has NO physical limitations and can participate fully in this program.

All camps fees are NOT refundable. The above registrant will attend the *Summer Tumbling Camp which is \$95.00\_\_\_\_\_for the 2 days or \$165.00 for the 5 days from 9:00-12:00.*

I have signed the above registrant up. All payments are due in full before the start of the camp. If any payments are not made on or before the start of the camp then the above registrant will be unable to participate. If any monies remain unpaid there will be a \$20.00 monthly late fee.

AGREED TO: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

AGREED TO: \_\_\_\_\_ Date: \_\_\_\_\_

Cheerleader

NON-REFUNDABLE REGISTRATION/LIABILITY FEE: \$35.00 (new students only)