

172 Woburn Street, Reading, Ma 01867
781-944-2277



ACCT.#: _____

"2009" HOLIDAY CAMP ENROLLMENT AGREEMENT

CHILD'S NAME: _____ **BIRTHDATE:** _____
ADDRESS: _____ **HOME TEL#** _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **E-mail:** _____
PARENTS NAME: MOTHER _____ **WORK#** _____
FATHER: _____ **WORK#** _____
CELL PHONES: Mother _____ **Father:** _____
E:mail address: _____

GYMNASTICS ABILITY/EXPERIENCE:

I am registering the above named child for the **RGA Holiday Camp Program**. The dates are Monday-Tuesday-Wednesday - December 28-29 & 30th, 2009 from 9:00-12:30. Cost is \$75.00 for full camp program.

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 can be a dangerous sport that could result in serious injury or possibly death.

All tuition costs are **NOT** refundable after the first lesson. This Agreement extends for the camp week reserved above. The above registrant is obligated to attend the Holiday Camp Week from this date and parent/guardian will pay for it at the rate of \$ 75.00.

I have signed the above registrant up for the camp indicated and will pay for it whether in attendance or not, as these are the registrants reserved times. All payments are due in full before the start of the Holiday Camp date. If any payments are not made on the first day of camp, then a \$15.00 late fee will be charged for each month the balance remains outstanding.

AGREED TO: _____ **Date:** _____

NON-REFUNDABLE DEPOSIT: \$25.00.