

Check Amt.: _____
Check #: _____
Date: _____
Cmbd. Pmt: _____

ACCT: _____



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

"2012" SUMMER PLAYGYM ENROLLMENT AGREEMENT

CHILD'S NAME: _____ **BIRTHDATE:** _____
ADDRESS: _____ **HOME TEL#** _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **E-mail:** _____
PARENTS NAME: MOTHER _____ **WORK#** _____
FATHER: _____ **WORK#** _____
E:MAIL _____ **CELL #** _____
MALE _____ **FEMALE** _____

I am registering the above named child for the following week(s) in the **RGA Summer PlayGym Program**. Please check where indicated:

_____ **6 week program - \$77.00** Or _____ **8 week program - \$97.00** Or _____ **10 week program -\$110.00**

PlayGym Summer Program

Tues _____ 9:30-10:30 Toddlers (Walking to 2 years old)	Tues: _____ 10:30-11:30 Mini (2-3 year olds)
Wed _____ 9:30-10:30 Mini (2-3 Year olds)	Wed: _____ 10:30-11:30 Mini (2-3 year olds)
Week 1 _____ Tues. June 19 _____ Wed. June 20	Week 6 _____ Tues. July 31 _____ Wed. Aug 1
Week 2 _____ Tues. June 26 _____ Wed. June 27	Week 7 _____ Tues. Aug.7 _____ Wed. Aug 8
Week 3 _____ Tues. July 10 _____ Wed. July 11	Week 8 _____ Tues. Aug.14 _____ Wed. Aug.15
Week 4 _____ Tues. July 17 _____ Wed. July 18	Week 9 _____ Tues Aug 21 _____ Wed Aug 22
Week 5 _____ Tues. July 24 _____ Wed. July 25	Week 10 _____ Tues Aug 28 _____ Wed Aug 29

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.

PHYSICAL INFORMATION:

PLEASE LIST ANY CURRENT OR PREVIOUS ACCIDENTS, ILLNESSES OR PHYSICAL LIMITATIONS THAT WOULD STOP OR PREVENT YOUR REGISTERED CHILD(REN) FROM PARTICIPATING IN AN RGA PROGRAM, OTHERWISE PLEASE STATE "NONE". ANY INFORMATION YOU PROVIDE WILL HELP US TO BETTER TEACH YOUR CHILD. FOR EXAMPLE, HEARING PROBLEMS, ATTENTION DEFICIT DISORDER, TENDS TO PRONATE, DELAYED MOTOR SKILLS, PRIOR INJURIES, ETC. PLEASE LET US KNOW OF ANY UPDATES THROUGHOUT THE YEAR.

1. ALLERGIES: _____ MEDICATIONS: _____
2. PRIOR MEDICAL CONDITIONS: _____
3. PHYSICAL LIMITATIONS OR SITUATIONS (or state NONE) _____

EMERGENCY RELEASE:

In the event of an emergency, injury or illness affecting our child(ren), I hereby authorize a Reading Gymnastics Academy, Inc. official to obtain whatever medical attention is needed for him or her. Parent/Guardian will assume all costs for medical care. **PLEASE NOTE:** RGA will arrange transportation of any injuries to the Winchester Hospital unless otherwise stated

AGREED TO: _____ Date: _____

NON-REFUNDABLE DEPOSIT: \$25.00. Refund request must be received in writing no later than 6/1/2012