



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

**PLEASE FILL
OUT MEDICAL
FORM ON REVERSE SIDE!**

172 Woburn Street - Reading, MA 01867 - 781-944-2277
Email: gymnast@readinggymnastics.com - www.readinggymnastics.com

ACCT: _____

2010-2011

SESSION (9 WEEK) ENROLLMENT AGREEMENT

CHILD'S NAME: _____ FEMALE _____ MALE _____

ADDRESS: _____ HOME TEL#: (____) _____

CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____

PARENT'S NAME: FATHER: _____ WORK #: (____) _____

MOTHER: _____ WORK #: (____) _____

E:MAIL: _____ CELL # _____

GYMNASTICS ABILITY/EXPERIENCE: _____

I am registering the above named child for the following **RGA** program: Please check where indicated:

____ Girls Gymnastics (Age 5* & Older) _____ Boys Power Tumbling (Age 5* & Older)

____ Jr. Gymnastics (Age 3 - 5) _____ PlayGym (Age 1 - 3) _____ FitnFun _____ Other

CLASS # ASSIGNED: _____ DAY: _____ TIME: _____

IN CASE OF EMERGENCY, NOTIFY (other than Parent):

NAME: _____ TEL #: (____) _____

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., its officers, members, agents and coaches/instructors against all liability, claims, damages, losses and expenses, including attorney fees, arising from the registrants participation or by reason of any injury or any damage to any person or property occurring during said participation, or from any cause whatsoever. I/We 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 from the date signed until the end of a nine (9) week session. The above Registrant is obligated to attend weekly classes from this date and parent/guardian will pay for them at a Session rate of \$_____. Payments must be paid by the **1st** day of each month whether in attendance or not. If the Registrant decides to leave for any reason, parent/guardian is still obligated until the end of the 9 week session for tuition cost unless waived by the **President only**. All requests for withdrawal must be in writing and are subject to approval. This Registration form can go forward to another Session with signed renewal forms. If payment is not received by the **5th** day of the month billed, a late charge of \$15.00 will be due and payable each and every month the balance is unpaid.

AGREED TO: _____ DATE: _____

PARENT/GUARDIAN

***New Students Only

*Must be in Kindergarten during the above current enrolled year. ***Referred By: _____

****PLUS \$35.00 NON-REFUNDABLE YEARLY REGISTRATION/LIABILITY INSURANCE PREMIUM.**