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PLEASE FILL
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FORM ON REVERSE SIDE _



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

E:mail : gymnast@readinggymnastics.com - www.readinggymnastics.com

ACCT: _____

2011-2012

YEARLY (36 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 were indicated:

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

____ Jr. Gymnastics (Age 3 - 5) ____ PlayGym (Age 1 - 3) _____ 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 September 2011 through June 2012. The above Registrant is obligated to attend weekly classes from this date and parent/guardian will pay for them at a monthly 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 36 week session for tuition cost unless waived by the President only. All requests for withdrawal must be in writing and are subject to approval. If payment is not received by the **5th** day of the month billed, a late charge of \$20.00 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**