

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

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



ACCT.#: _____ **"2010" SUMMER CAMP ENROLLMENT AGREEMENT**

CHILD'S NAME: _____ **BIRTHDATE:** _____

ADDRESS: _____ **HOME TEL#** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **E-mail:** _____

PARENTS NAME: MOTHER _____ **CELL#** _____

FATHER: _____ **CELL#** _____

GYMNASTICS ABILITY/EXPERIENCE:

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

JR. CAMP - M/W OR T/TH 9-12:30

Jr. Camp rate: \$70.00 per 2/day session
\$120.00 for 4 day session

Week 1 _____ Mon/Wed 7/12 & 7/14
 _____ Tu/Thur 7/13 & 7/15

Week 2 _____ Mon/Wed 7/19 & 7/21
 _____ Tu/Thur 7/20 & 7/22

Week 3 _____ Mon/Wed 7/26 & 7/28
 _____ Tu/Thur 7/27 & 7/29

Week 4 _____ Mon/Wed 8/2 & 8/4
 _____ Tu/Thur 8/3 & 8/5

Week 5 _____ Mon/Wed 8/9 & 8/11
 _____ Tu/Thur 8/10 & 8/12

Week 6 _____ Mon/Wed 8/16 & 18
 _____ Tue/Thur 8/17 & 8/19

SUMMER CAMP WEEKS - M-F 9-12:30

Summer Camp Rate: \$145.00 per week

Week 1 _____ Mon-Fri 7/12 -16

Week 2 _____ Mon-Fri 7/19-23

Week 3 _____ Mon-Fri 7/26-30

Week 4 _____ Mon-Fri 8/2-8/6

Week 5 _____ Mon-Fri 8/9-8/13

Week 6 _____ Mon-Fri 8/16-20

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 week(s) reserved above. If additional weeks are added, this Agreement will extend to cover those additional weeks. The above registrant is obligated to attend the camp week(s) from this date and parent/guardian will pay for them at the weekly rate of \$_____. 10% off each additional camp week.

I have signed the above registrant up for the week(s) indicated and will pay for them whether in attendance or not, as these are the registrants reserved times. All payments are due in full before the start of the 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. Refund request must be received in writing no later than 6/1/2010