



ACCT.#: \_\_\_\_\_  
PMT: Date \_\_\_\_\_  
Check # \_\_\_\_\_  
Amount: \_\_\_\_\_

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

**"2010- SUMMER CHEERLEADER WORKOUT AGREEMENT**

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ HOME TEL# \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PARENTS NAME: MOTHER \_\_\_\_\_ WORK# \_\_\_\_\_  
FATHER: \_\_\_\_\_ WORK# \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_  
GYMNASTICS/CHEERLEADING ABILITY/EXPERIENCE: \_\_\_\_\_

PHYSICAL LIMITATIONS IF ANY (otherwise state NONE). \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_  
CELL # \_\_\_\_\_ HOME # \_\_\_\_\_

I am registering the above named child in the RGA  
July -6-9th Summer Cheerleader Tumbling Camp \_\_\_\_\_  
\_\_\_\_\_ 2 Day \$75.00 \_\_\_\_\_ 4 Day \$125.00

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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/cheerleading can be a dangerous sport that could result in serious injury or possibly death. I further agree that the above registrant has NO physical limitations and can participate fully in this program.

All camp and workout costs are NOT refundable. This Agreement extends from the June 25, 2010 or from the first week attended until August 31, 2010. The above registrant can attend as few or as many summer workouts that are scheduled on Mondays and will pay for them at the weekly rate of \$ 25.00 per workout whether attending for part or the full 2 hours. *Summer Tumbling Camp is \$125.00 for the week.*

I have signed the above registrant up All payments are due in full before the start of the workout. If any payments are not made at the start of the workout then the above registrant will be

**unable to participate for that date. Unpaid accounts will be subject to \$15.00 monthly late fees.**

**AGREED TO: \_\_\_\_\_ Date:**

**Parent/Guardian**

**AGREED TO: \_\_\_\_\_ Date: \_\_\_\_\_**

**Cheerleader**

**NON-REFUNDABLE REGISTRATION/LIABILITY FEE: \$35.00 (new students only)**