

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



ACCT: _____

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

"2010" 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 - \$75.00 Or _____ 8 week program - \$95.00

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)	
Week 1 _____ Tues. June 22	_____ Wed. June 23
Week 2 _____ Tues. June 29	_____ Wed. June 30
Week 3 _____ Tues. July 13	_____ Wed. July 14
Week 4 _____ Tues. July 20	_____ Wed. July 21
Week 5 _____ Tues. July 27	_____ Wed. July 28
Week 6 _____ Tues. Aug 3	_____ Wed. Aug 4
Week 7 _____ Tues. Aug.10	_____ Wed. Aug 11
Week 8 _____ Tues. Aug.17	_____ Wed. Aug.18

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 6/1/2010