

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



ACCT: \_\_\_\_\_

2010-2011

TRY OUT - RELEASE FORM

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 participating the above named child to tryout 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) \_\_\_\_ CheerTumbling \_\_\_\_ FitnFun \_\_\_\_ YOGAnastics \_\_\_\_ Team

CLASS/TEAM TO TRYOUT: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

COACH: \_\_\_\_\_ RECOMMENDATION \_\_\_\_\_

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

NAME: \_\_\_\_\_ TEL #: (\_\_\_\_) \_\_\_\_\_

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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., 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.

**EMERGENCY RELEASE:**

In the event of an emergency, injury or illness affecting our child, I hereby give permission to an authorized Reading Gymnastics Academy, Inc. Official to obtain whatever medical attention is needed for him or her. I will assume all costs for medical care. We will transport any injuries to the Winchester Hospital, unless otherwise stated.

**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 a RGA program, otherwise state "NONE".

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Prior Medical Conditions: \_\_\_\_\_

Physical Limitations or Situations ( or state NONE): \_\_\_\_\_

Use other side if more room is needed:

AGREED TO: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN