

Send forms to: 35 Concord St. North Reading, Ma 01864  
Register@rgagym.com 978-664-0099 www.readingygmastics.com



"2026- SUMMER TUMBLING CLINIC AGREEMENT"

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME TEL# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENTS NAME: MOTHER \_\_\_\_\_ CELL# \_\_\_\_\_

FATHER: \_\_\_\_\_ CELL# \_\_\_\_\_

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, June 29, 30, July 1 - 3, 2026  
Summer Tumbling Clinic 5 days (\$395)

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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/tumbling 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. There will be hands on spotting. Photos taken will be for marketing purposes only.

All Clinic fees are NOT refundable. The above registrant will attend the *Summer Tumbling Clinic which is for all checked days & times* I have signed the above registrant up. All payments are due in full by June 1<sup>st</sup>, 2026. If any payments are not made on or before the start of the Clinic then the above registrant will be unable to participate. \$50.00 non-refundable deposit required with registration. If any monies remain unpaid there will be a \$30.00 monthly late fee.

Parental Permissions is hereby given to RGA to administer the following medications as needed:

\_\_\_\_\_ or it can be self administered \_\_\_\_\_

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

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

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

Parent/Guardian

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

Tumbler

NON-REFUNDABLE REGISTRATION/LIABILITY FEE: \$64.00 (new students only)

Note: RGA is NOT a Licensed Camp