ACCT.#:		
Amount:		
	Via	





35 Concord St. North Reading, Ma 01864 978-664-0099 www.readinggymnastics.com

## **"2024- SUMMER TUMBLING CAMP AGREEMENT**

CHILD'S NAME:			BIRTHDATE:
ADDRESS:			HOME TEL#
CITY:	STATE:	ZIP:	
PARENTS NAME: MOTHER	L		CELL#
FATHER:			CELL#
E-MAIL			
_PHYSICAL LIMITATIONS I	F ANY (otherwise stat	te NONE)	
EMERGENCY CONTACT PE	CRSON:		
2 day (\$ 175.) Please circle dates: Mon 7/1	3 day(\$220.) Tues 7/2 Wed 7/3	_4 day (\$270) 	
The above registrant ( to indemnify and hold harml coaches, instructors against a attorney's fees, arising from that gymnastics/cheerleading death. I further agree that th	his/her legal guardia less Reading Gymnas any and all liability, of the registrants partic g can be a dangerous he above registrant h	in or parent stics Academ claims, dama cipation, or f s sport that on nas NO phys	if under eighteen (18) years of age) agrees by, Inc., it's officers, members, agents and ages, losses and expenses, including from any cause whatsoever. I fully realize could result in serious injury or possibly ical limitations and can participate fully ten will be for marketing purposes only.

All camps fees are <u>NOT</u> refundable. The above registrant will attend the *Summer Tumbling* Camp 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>, 2024. If any payments are not made on or before the start of the camp then the above registrant will be unable to participate. <u>\$50.00 non-refundable deposit required</u> with registration. If any monies remain unpaid there will be a \$30.00 monthly late fee.

AGREED TO:	Date:
Parent/Guardian	
AGREED TO	Date:
Tumbler	
NON-REFUNDABLE REGISTRATION/LIA	BILITY FEE: \$57.00 (new students only)