

35 Concord Street-North Reading, Ma
978-664-0099 - www.readinggymnastics.com
email: register@rgagym.com



**"2026" SUMMER VACATION CLINICS
ENROLLMENT AGREEMENT**

CHILD'S NAME: _____ **BIRTHDATE:** _____

ADDRESS: _____ **HOME TEL#** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **E-mail:** _____

PARENTS NAME: MOTHER _____ **CELL#** _____

FATHER: _____ **CELL#** _____ **2nd E-Mail:** _____

GYMNASTICS ABILITY/EXPERIENCE: _____

I am registering the above named child for **RGA SUMMER Clinic Programs**. (Circle Weeks)

_____ **TWO DAY Tuesday & Thursday** _____ **Half Day (\$205)** _____ **Full Day (\$265)**

_____ **FULL WEEK HALF DAY CLINIC - 8:30-12:30 (\$325)**

_____ **FULL WEEK FULL DAY CLINIC- 8:30-3:00 (\$415)**

_____ *Early Drop Off - \$10.00 per day _____ *Late Pick Up - \$15.00 per day (by 4:30 pm) ***NO REFUNDS**

_____ Week 1 - June 16-19* _____ Week 5 - July 20-24 _____ Week 9 - Aug. 17-21

_____ Week 2 - June 22-26 _____ Week 6 - July 27-31 _____ Week 10-Aug. 24-28

_____ Week 3- July 6-10 _____ Week 7 -Aug. 3-7 **Wk1(Only)-4 Half days - \$305*

_____ Week 4- -July 13-17 _____ Week 8 -Aug. 10-14 **Wk1(Only)-4 Full days- \$385*

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 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. I/We give permission to Spot and Perform Hands On training for safety. Also I/We give permission to photo/video my gymnast in a clinic for advertising purposes only with no names.

All tuition costs are **NOT** refundable after the first lesson. This Agreement extends for the camp time reserved above. The above registrant is obligated to attend the Summer Gymnastics Vacation Clinic from this date and parent/guardian will pay for it at the rate of \$_____per week. This Agreement can be extended to include more weeks.

I have signed the above registrant up for the Clinic indicated and will pay it whether in attendance or not, as these are the registrants reserved times. There are No Refunds or Makeups. All payments are due in full one week before the start of the Gymnastics Vacation Clinic date. If any payments are **not** made on the first day of the clinic, then a \$30.00 late fee will be charged for each month the balance remains outstanding.

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 _____

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

_____ or it can be self administered _____

AGREED TO: _____ **Date:** _____

NON-REFUNDABLE DEPOSIT: \$50.00. Refund request must be received in writing no later than 06-1-26

Note: RGA is NOT a Licensed Camp.