

Account# 35 Concord St.-North Reading, Ma 01864
Payment: _____
Check/Chg: _____
Date: _____



"2020" HOLIDAY VACATION GYMNASTICS MINI CAMP
ENROLLMENT AGREEMENT

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

ADDRESS: _____ **HOME TEL#** _____

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

PARENTS NAME: MOTHER _____ **Cell #** _____

FATHER: _____ **Cell #** _____

E:mail address: _____

GYMNASTICS ABILITY/EXPERIENCE: _____

_____ I am registering the above named child for the **RG Holiday Vacation Camp Program**.
The dates are Mon -Dec. 28, Tues. Dec. 29th, Wed. Dec. 30th & Thurs. Dec. 31 Circle Days)
Cost for ½ day is \$60(1day), \$95 (2day) \$125 (3day), \$140 (3 ½ days).

_____. Full day Mon -Dec. 28, Tues. Dec. 29th, Wed. Dec. 30th & Thurs. Dec. 31 (½ day)(Please Circle)
Cost for Full day - \$85 (1day), \$120. (2day), \$150 (3day) \$170 (3 1/2) day)

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. I/We give permission for the coaching staff to Spot and/or perform Hands On Training for Safety

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 Holiday Vacation Gymnastics Camp from this date and parent/guardian will pay for it at the rate of \$_____.

I have signed the above registrant up for the camp indicated and will pay for it whether in attendance or not, as these are the registrants reserved times. All payments are due in full before the start of the Holiday Vacation Camp date. If any payments are not made on the first day of camp, then a \$25.00 late fee will be charged for each month the balance remains outstanding.

PHYSICAL INFORMATION: Please list any current or previous accidents, illness or physical limitations that would stop or prevent your registered child from participating in the above program, otherwise state "**NONE**".

1. ALLERGIES: _____ MEDICATIONS: _____

2. PRIOR MEDICAL CONDITIONS: _____

3. PHYSICAL LIMITATIONS OR SITUATIONS(or state NONE): _____

4. COVID The above registrant has not been in contact with any COVID sick person or been outside the state in the last 14 days.

AGREED TO: _____ Date: _____

NON-REFUNDABLE DEPOSIT: \$25.00. Refund request must be received in writing no later than 12/1/2020