35 Concord Street * North Reading, MA 01864 * 978-664-0099 *
www.readinggymnastics.com

"2026-2027 TUMBLE WORKOUT AGREEMENT

CHILD'SNAME: _____ **BIRTHDATE:** _____

ADDRESS: _____ **EMAIL** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

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

FATHER: _____ **CELL#** _____

GYMNAST CELL PHONE: _____ **E-MAIL** _____

GYMNASTICS/CHEER TUMBLE ABILITY/EXPERIENCE:

_____

EMERGENCY CONTACT PERSON: _____

CELL # _____ **HOME #** _____

I **am registering the above named child in the RGA Cheer Tumble Workout Program**.

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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 staff member to obtain whatever medical attention is needed for him/her and I will assume all costs for medical care. Transportation (if needed) will be to Winchester Hospital unless otherwise stated.
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"**. (use other side if needed)

1. ALLERGIES: _____ MEDICATIONS: _____

2. PRIOR MEDICAL CONDITIONS: _____

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

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

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/cheerleading 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 workout costs are NOT refundable. This Agreement extends from the September 1st, 2026 or from the first week attended until August 31, 2027. The above registrant can attend as few or as many workouts that are scheduled and held on Saturdays/Sundays and will pay for them at the rate of $ 45.00 per workout whether attending for part or the full 2 hours
All payments are due in full before the start of the workout. If any payments are not made at the start of the workout then the above registrant will be unable to participate for that date. Late fees for non-payments is $30.00 per month.

AGREED TO: _____ **Date:** _____
Parent/Guardian

AGREED TO: _____ **Date:** _____
Tumble Participant

NON-REFUNDABLE REGISTRATION/LIABILITY FEE: $64.00.