

Account# _____
Payment: _____
Check/Chg: _____
Date: _____

EMAIL forms to:
REGISTER@RGAGYM.COM

35 Concord Street - North Reading, Ma 01864
978-664-0099



"2024" WINTER VACATION GYMNASTICS MINI CAMP
ENROLLMENT AGREEMENT

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ HOME TEL# _____

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

PARENTS NAME: MOTHER _____ WORK# _____

FATHER: _____ WORK# _____

CELL PHONES: Mother _____ Father: _____

E:mail address: _____

GYMNASTICS ABILITY/EXPERIENCE: _____

When registering please choose which program you want. No changes allowed. **No Refunds for missed days.**

_____ I am registering the above named child for the **RGA Winter Vacation Camp Program**. Feb 20-23,2024

_____ Two Day - ½ days 8:30-12:30 (\$190) _____ Two Day - Full 8:30-3:00 (**2 day is Tues & Thurs only**) (\$255)

_____ Four Day - ½ days 8:30-12:30 (\$245) _____ Four Day 8:30-3:00 (**Four Day is Tuesday thru Friday**)(\$325)

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 can be a dangerous sport that could result in serious injury or possibly death.

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 Winter 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 Winter Vacation Camp date. If any payments are not made on the first day of camp, 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:

AGREED TO: _____ Date: _____

NON-REFUNDABLE DEPOSIT: \$50.00. Refund request must be received in writing no later than 2/1/2024