

Check Amt.:	_____
Check #:	_____
Date:	_____
Cmbd. Pmt:	_____

ACCT: _____



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

"2022" SUMMER PLAYGYM ENROLLMENT AGREEMENT

CHILD'S NAME: _____ BIRTHDATE: _____
 ADDRESS: _____ HOME TEL# _____
 CITY: _____ STATE: _____ ZIP: _____ E-mail: _____
 PARENTS NAME: MOTHER _____ WORK# _____
 FATHER: _____ WORK# _____
 E:MAIL _____ CELL # _____
 MALE _____ FEMALE _____

I am registering the above named child for the following week(s) in the **RGA Summer PlayGym Program**.
 Please check where indicated:

_____ **6 week program - \$131.00** _____ **8 week program - \$151.00**

Wed _____ **9:30-10:30 Mini (1-3 Year olds)** _____ **10:30-11:30 Mini 1-3 Year Olds)**

Wed: ___ Jun 22 ___ Jun 29 ___ Jul 13 ___ Jul 20 ___ Jul 27 ___ Aug 3 ___ Aug.10 ___ Aug.17

 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.

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 AN RGA PROGRAM, OTHERWISE PLEASE STATE "NONE". ANY INFORMATION YOU PROVIDE WILL HELP US TO BETTER TEACH YOUR CHILD. FOR EXAMPLE, HEARING PROBLEMS, ATTENTION DEFICIT DISORDER, TENDS TO PRONATE, DELAYED MOTOR SKILLS, PRIOR INJURIES, ETC. PLEASE LET US KNOW OF ANY UPDATES THROUGHOUT THE YEAR.

1. ALLERGIES: _____ MEDICATIONS: _____
2. PRIOR MEDICAL CONDITIONS: _____
3. PHYSICAL LIMITATIONS OR SITUATIONS (or state NONE) _____

EMERGENCY RELEASE:

In the event of an emergency, injury or illness affecting our child(ren), I hereby authorize a Reading Gymnastics Academy, Inc. official to obtain whatever medical attention is needed for him or her. Parent/Guardian will assume all costs for medical care. **PLEASE NOTE:** RGA will arrange transportation of any injuries to the Winchester Hospital unless otherwise stated

AGREED TO: _____ Date: _____

NON-REFUNDABLE DEPOSIT: \$30.00. Refund request must be received in writing no later than 6/1/2022