

35 Concord Street - North Reading, MA 01864 -
E:mail -register@rgagym.com -
www.readinggymnastics.com 978-664-0099



2026-2027
MEDICAL RELEASE FORM

CHILD'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____ HOME TEL#: (____) _____

CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL: _____

PARENT'S NAME: FATHER: _____ WORK #: (____) _____

MOTHER: _____ WORK #: (____) _____

CELL #'s Mother: _____ Father: _____ IN CASE OF

EMERGENCY, NOTIFY (this should be another name to contact - other than parent)

NAME: _____ TEL #: (____) _____

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) _____

4. _____

(Use other side of form if necessary)

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.

I/WE CERTIFY THAT THE ABOVE NAMED CHILD(REN) ARE PHYSICALLY ABLE TO PARTICIPATE IN THE SPORT OF GYMNASTICS (CLASSES OR TEAM) WITHOUT LIMITATIONS (UNLESS OTHERWISE STATED). IF SITUATION CHANGES, I/WE WILL ADVISE RGA IMMEDIATELY.

AGREED TO: _____ DATE: _____

PARENT/GUARDIAN