35 Concord St.-North Reading, Ma 01864
Send form to: **REGISTER@RGAGYM.COM**

"2026" HOLIDAY VACATION
ENROLLMENT AGREEMENT

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

ADDRESS:_____ **HOME TEL#**_____

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

PARENTS NAME: MOTHER_____ **Cell #**_____

FATHER:_____ **Cell #**_____

GYMNASTICS ABILITY/EXPERIENCE:_____

_____I am registering the above named child for the **RGA Holiday Drop & Shop Program**.
Half Day ____Mon Dec. 21 ____Tues Dec.22 or _____Wed Dec. 23,
Full Day ____Mon Dec. 21 ____Tues Dec.22 or _____Wed Dec. 23,
Cost for 1 half day - $95; 2 half days $190; 3 Half days $270; 9:00-12:15 or 11:45-3:00
Cost for 1 full day - $130; 2 full days $255; 3 full days $320.00 9:00- 3:00

_____ Mon -Dec. 27, Tues Dec. 28th, Wed. Dec. 29th **RGA 2 or 3 Day Holiday Clinic**
Half Day ____Mon Dec. 28 ____Tues Dec.29 or _____Wed Dec. 30, 9:00-12:15 or 11:45-3:00
Full Day ____Mon Dec. 28 ____Tues Dec.29 or _____Wed Dec. 30, 9:00-3:00
Cost for 2 half days - $190; 3 half days $270; 9:00-12:15 or 11:45-3:00
Cost for 2 full days - $255; 3 full days $320; 9:00- 3:00

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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. 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 $_____ There is no refund for days reserved and not attended.

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 Clinic 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, 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: $50.00. Final Payment due in full by 12/10/26. Refund request must be received in writing no later than 12/01/26