

Account# \_\_\_\_\_  
Payment: \_\_\_\_\_  
Check/Chg: \_\_\_\_\_  
Date: \_\_\_\_\_

35 Concord St.-North Reading, Ma 01864  
email to **REGISTER@RGAGYM.COM**  
978-664-0099



**APRIL 2025 VACATION GYMNASTICS MINI CAMP**  
**ENROLLMENT AGREEMENT**

**CHILD'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **HOME TEL#** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**PARENTS NAME: MOTHER** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**FATHER:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**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 April Vacation Camp Program**. April 15-18,2025  
\_\_\_\_\_ 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 Tues 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., 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. Photos/videos of this registrant can be used for marketing purposes only while participating in camp.

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 April 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 April 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, 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 5 days.

AGREED TO: \_\_\_\_\_ Date: \_\_\_\_\_

**NON-REFUNDABLE DEPOSIT:** \$50.00. Refund request must be received in writing no later than April 1, 2025