

Amt: Paid _____
Date: _____
Check# _____

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



ACCT.#: _____

"2020" APRIL VACATION GYMNASTICS 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: _____

Tuesday, Wednesday, Thursday, Friday- April 21-24, 2020. **Half Day** _____ \$60, \$95, \$125, \$155

Full Day _____ \$85, \$120, \$150, \$190.00 **Select Days:** _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

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 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 \$25.00 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: \$25.00. Refund request must be received in writing no later than 4/1/2020