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Comb pmt _____

**PLEASE
FILL OUT
MEDICAL
FORM ON REVERSE SIDE!**



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

ACCT: _____ **2019-2020**
YEARLY (36 WEEK) ENROLLMENT AGREEMENT

CHILD'S NAME: _____ FEMALE _____ MALE _____

ADDRESS: _____ HOME TEL#: (____) _____

CITY: _____ STATE: _____ ZIP CODE: _____ BIRTHDATE: _____

PARENT'S NAME:

MOTHER: _____ CELL #: (____) _____ EMAIL: _____

FATHER: _____ CELL# (____) _____ EMAIL: _____

E:MAIL _____ CELL # _____

GYMNASTICS ABILITY/EXPERIENCE: _____ I

am registering the above named child for the following RGA program: Please check were indicated:

_____ Girls Gymnastics (Age 5* & Older) _____ Boys Power Tumbling (Age 5* & Older)

_____ Jr. Gymnastics (Age 3 - 5) _____ PlayGym (Age 1 - 3) _____ Ninja _____ Other

CLASS # ASSIGNED: _____ DAY: _____ TIME: _____

IN CASE OF EMERGENCY, NOTIFY (other than Parent):

NAME: _____ TEL #: (____) _____

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. Consent is granted to use photos of my child attending gymnastic classes or workouts for advertising purposes only, without revealing last names.

All tuition costs are **NOT** refundable after the first lesson. This Agreement extends from September 2019 through June 2020. The above Registrant is obligated to attend weekly classes from this date and parent/guardian will pay for them at a monthly rate of \$ _____. Payments must be paid by the **1st** day of each month whether in attendance or not. If the Registrant decides to leave for any reason, parent/guardian is still obligated until the end of the 36 week session for tuition cost unless waived by the President only. All requests for withdrawal must be in writing and are subject to approval. If payment is not received by the **5th** day of the month billed, a late charge of \$25.00 will be due and payable each and every month the balance is unpaid. If necessary, all cost of collection of funds due under this Agreement will be paid by the signer below.

AGREED TO: _____ DATE: _____

PARENT/GUARDIAN

****PLUS \$39.00 NON-REFUNDABLE YEARLY REGISTRATION/LIABILITY INSURANCE PREMIUM**