

ACCT.#: _____
Amount: _____
Via _____



35 Concord St. North Reading, Ma 01864 978-664-0099 www.readinggymnastics.com

"2019- SUMMER CHEERLEADER TUMBLING CAMP AGREEMENT

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ HOME TEL# _____

CITY: _____ STATE: _____ ZIP: _____

PARENTS NAME: MOTHER _____ CELL# _____

FATHER: _____ CELL# _____

E-MAIL _____

GYMNASTICS/CHEERLEADING ABILITY/EXPERIENCE: _____

PHYSICAL LIMITATIONS IF ANY (otherwise state NONE). _____

EMERGENCY CONTACT PERSON: _____

CELL # _____ HOME # _____

I am registering the above named child in the RGA June 24th -July 3rd, 2019 Summer Cheerleader Tumbling Camp

_____ 2 day (\$ 125.) _____ 3 day(\$170.) _____ 4 day (\$220) _____ 5 day(\$260) 12:00-3:00 pm
_____ 6 day (\$295.) _____ 7 day (\$325) _____ 8 day (\$350) 9:00 - 12:00 pm

Please circle dates: Mon. 6/24 - 7/1 Tues 6/25 - 7/2 Wed. 6/24 - July 3 Thurs 6/27 Friday 6/28

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/cheerleading can be a dangerous sport that could result in serious injury or possibly death. I further agree that the above registrant has NO physical limitations and can participate fully in this program.

All camps fees are NOT refundable. The above registrant will attend the *Summer Cheerleader Tumbling Camp which is for all checked days above from either/or June 24-28 12:00-3:00 July 1-3 9:00-12:00*

I have signed the above registrant up. All payments are due in full before the start of the camp. If any payments are not made on or before the start of the camp then the above registrant will be unable to participate. \$50.00 non-refundable deposit required with registration. If any monies remain unpaid there will be a \$25.00 monthly late fee.

AGREED TO: _____ Date: _____

Parent/Guardian

AGREED TO: _____ Date: _____

Cheerleader

NON-REFUNDABLE REGISTRATION/LIABILITY FEE: \$39.00 (new students only)

