

ACCT: \_\_\_\_\_

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2024-2025  
**MEDICAL RELEASE FORM**

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME TEL#: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PARENT'S NAME: FATHER: \_\_\_\_\_ WORK #: (\_\_\_\_) \_\_\_\_\_

MOTHER: \_\_\_\_\_ WORK #: (\_\_\_\_) \_\_\_\_\_

CELL #'s Mother: \_\_\_\_\_ Father: \_\_\_\_\_ IN CASE OF

EMERGENCY, NOTIFY (this should be another name to contact - other than parent)

NAME: \_\_\_\_\_ TEL #: (\_\_\_\_) \_\_\_\_\_

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**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 AN RGA PROGRAM, OTHERWISE PLEASE STATE "NONE". ANY INFORMATION YOU PROVIDE WILL HELP US TO BETTER TEACH YOUR CHILD. FOR EXAMPLE, HEARING PROBLEMS, ATTENTION DEFICIT DISORDER, TENDS TO PRONATE, DELAYED MOTOR SKILLS, PRIOR INJURIES, ETC. PLEASE LET US KNOW OF ANY UPDATES THROUGHOUT THE YEAR.

1. ALLERGIES: \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_

2. PRIOR MEDICAL CONDITIONS: \_\_\_\_\_

3. PHYSICAL LIMITATIONS OR SITUATIONS (or state NONE) \_\_\_\_\_

4. \_\_\_\_\_

(Use other side of form if necessary)

**EMERGENCY RELEASE:**

In the event of an emergency, injury or illness affecting our child(ren), I hereby authorize a Reading Gymnastics Academy, Inc. official to obtain whatever medical attention is needed for him or her. Parent/Guardian will assume all costs for medical care. **PLEASE NOTE:** RGA will arrange transportation of any injuries to the Winchester Hospital unless otherwise stated.

**I/WE CERTIFY THAT THE ABOVE NAMED CHILD(REN) ARE PHYSICALLY ABLE TO PARTICIPATE IN THE SPORT OF GYMNASTICS WITHOUT LIMITATIONS (UNLESS OTHERWISE STATED). THAT CHILD(REN)OR FAMILY MEMBERS HAVE NOT BEEN IN CONTACT WITH ANY COVID 19 VIRUS. IF SITUATION CHANGES, I/WE WILL ADVISE RGA IMMEDIATELY.**

AGREED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN