



88 Wells Avenue  
Newton, MA  
(617) 244-3300 / (617) 244-5777 (Fax)  
[www.exxcel.net](http://www.exxcel.net)

**2009-2010 EXXCEL GYMNASTICS AND CLIMBING  
ONE DAY CAMP PARTICIPANT**

Child's Name \_\_\_\_\_ F \_\_\_ M \_\_\_ DOB \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Are there any medical conditions to which we should be alerted?** \_\_\_\_\_

***Acknowledgment of Risk and Waiver of Liability***

As the parents or legal guardians of \_\_\_\_\_, we hereby give permission for our child to participate in programs at Exxcel Gymnastics, LLC. We recognize that gymnastics and climbing are sports that involve height and rotation of the body, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against Exxcel Gymnastics, LLC and it's owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of Exxcel Gymnastics, LLC. We hereby testify to our child's sound health of mind and body and we authorize Exxcel Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

- **Exxcel reserves the right to make, display and/or publish individual photographs. Photographs may be displayed within the gym, on the Internet, or printed in our advertisements or promotional materials.**
- **Exxcel is not responsible for lost or stolen items brought into the facility. Please leave all valuable items at home.**
- **No refunds or credits will be given for missed camp day.**

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Parent, Guardian or Authorized Person's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE INFORMATION BELOW:

Half Day (9am to 12 pm)  
\$56

Full Day (9am to 3 pm)  
\$78

Extended Day: (8-9am) (3-4pm) (3-5pm)  
\$10 per hour