



# EXXCEL GYMNASTICS & CLIMBING

88 Wells Avenue | Newton | MA | 02459 | phone: (617) 244-3300 | fax: (617) 244-5777 | www.exxce.net

## 2017-2018 Class

### RELEASE FORM

Child's Name: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_ DOB: \_\_\_\_\_ email: \_\_\_\_\_

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

Telephone: Home ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ (Opt In Text? Y/N)

Parent #1 Name: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Work Phone # \_\_\_\_\_

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

**Describe any medical conditions which we should be aware of:** \_\_\_\_\_

How did you hear about Exxcels Gymnastics? \_\_\_\_\_

### Acknowledgment of Risk and Waiver of Liability

As the parents or legal guardians of \_\_\_\_\_, we hereby give permission for our child and ourselves to participate in all programs offered at Exxcels Gymnastics, LLC. We recognize that gymnastics and climbing are sports that involve height and rotation of the body, and there are inherent risks involved, including risks of serious injury, other personal injury, or death. On behalf of our child and on our own behalf, we freely and voluntarily assume those risks and we agree to waive all claims against, and hold harmless, Exxcels Gymnastics, LLC and its owners, staff and instructors for any liability, loss, injury, cost, damage, medical expense, long-term care or emotional distress arising out of any personal or other 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 Exxcels Gymnastics, LLC, and we agree to assume all responsibility for doctor, ambulance expense, hospital expenses, and medical expenses for any loss or injury by reason of our use or our child's use of facilities owned or operated by Exxcels Gymnastics, LLC. We testify to our child's sound health of mind and body and we authorize Exxcels Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

#### TUITION AGREEMENT FOR WHICH WE AGREE TO BE FINANCIALLY RESPONSIBLE:

We wish to enroll our child in recreational classes/programs for the session.

- If pre-registering for the Fall Session, a \$50 non-refundable deposit is required to hold a child's space in Fall classes – the tuition balance will automatically NO refunds or credits will be given for tuition or membership fees.
- If pre-registering for the Fall Session, a \$50 non-refundable deposit is required to hold a child's space in Fall classes – the tuition balance will automatically be charged to your card on file on August 1<sup>st</sup>.
- A non-refundable annual membership will be applied; single enrollment-\$40 or family -\$50.
- Tuition payment is due upon enrollment. There is no automatic re-enrollment into the Fall, Winter or Spring sessions.
- Upon enrollment, tuition can be prorated base on the number of classes remaining in the session.
- A 20% sibling discount will be given toward the lesser tuition.
- A maximum of 2 make-ups per session can be scheduled in advance through the office. Make-ups cannot be carried over to the next session.
- Exxcels reserves the right to cancel the enrollment of any child who becomes uncontrollable or violates safety rules; no refunds or credits will be issued.
- The gym is closed for Labor Day, Thanksgiving Day, Christmas Day, New Year's Day and Memorial Day. Tuition is pro-rated accordingly.
- Exxcels can cancel classes because of poor weather conditions or for any other uncontrollable factors. These classes may be made up during the current session. There will be no refunds.
- Exxcels is not responsible for lost or stolen items brought into the facility. Please leave all valuable items at home.
- Exxcels reserves the right to make, display and/or publish individual photographs. Photographs may be displayed within the gym, on the Internet, or in our promotional materials.
- Exxcels offers "no risk" trial classes. Enrollment fee includes the trial & remaining classes. No fee if not enrolled.

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:**

(Sign here) \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only:

<b>CLASS NAME:</b>	<b>CLASS DAY:</b>	<b>CLASS TIME:</b>
<b>TRIAL DATE:</b>	<b>ENROLLMENT DATE:</b>	