



88 Wells Avenue  
 Newton, MA 02459  
 (617) 244-3300  
 fax: (617) 244-5777

# Exxcel Gymnastics 2018 Girls Team Summer Camp Enrollment

Name	M/F	DOB	CURRENT LEVEL
Camper 1 _____	_____	_____	_____
Camper 2 _____	_____	_____	_____

### Parent/Stepparent/Guardian 1

*All information will be sent to this address unless otherwise indicated.*

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Street address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

E-Mail \_\_\_\_\_ Other \_\_\_\_\_

### Parent/Stepparent/Guardian 2

Name \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Street address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

E-Mail \_\_\_\_\_ Other \_\_\_\_\_

### Emergency Contact

Please list the names and phone numbers of people we should contact in the event that we are unable to reach you during an emergency. Please note that parents/stepparent/guardians will be called first.

Name:	Relationship	Phone 1	Phone 2
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Medical Information:** Please specify camper and list any pertinent allergies or medical conditions.

**Camper 1** \_\_\_\_\_

Allergies \_\_\_\_\_

Does your child have an Epi-pen for the above allergy?      \_\_\_Yes      \_\_\_No

Will your child need to take medications or use an Epi-pen while at camp?      \_\_\_Yes      \_\_\_No

Additional allergy or health information: \_\_\_\_\_

**Camper 2** \_\_\_\_\_

Allergies \_\_\_\_\_

Does your child have an Epi-pen for the above allergy?      \_\_\_Yes      \_\_\_No

Will your child need to take medications or use an Epi-pen while at camp?      \_\_\_Yes      \_\_\_No

Additional allergy or health information: \_\_\_\_\_

**NOTE: Health & Medical Information**

Massachusetts State Law requires each camper to have a physical, as well as a current record of immunization, by his/her physician. **Exxcel Camp requires each camper to have a physical within 12 months of arrival to camp.** We must have completed forms in our files before your child can begin camp. All camp forms are due in the office by June 1, 2018. Please note that our camp has CPR and First Aid trained staff available. All coaching staff has been safety certified to teach gymnastics.

<b>Team Camp Pricing</b>	<b>Per Week</b>
1 week	\$ 615.00
2 weeks – price per week	\$ 605.00
3-5 weeks – price per week	\$ 555.00
6 or more weeks- <b>FLAT RATE</b>	\$ 2100.00
Extended day AM (Weekly)	\$ 50.00
Extended day PM (Weekly) 3-5pm	\$ 80.00
Extended day PM (Weekly) 3-6pm	\$ 25.00

Extended Day Hours 8:00am-9:00am, 3:00pm-5:00pm or 3:00pm-6:00pm

<b>Weeks Offered</b>	<b>Weeks Chose</b>	<b>Extended Day</b>	
6/25/2018		<b>AM</b>	<b>PM</b>
7/2/2018 (closed 7/4)		<b>AM</b>	<b>PM</b>
7/9/2018		<b>AM</b>	<b>PM</b>
7/16/2018		<b>AM</b>	<b>PM</b>
7/23/2018		<b>AM</b>	<b>PM</b>
7/30/2018		<b>AM</b>	<b>PM</b>
8/6/2018		<b>AM</b>	<b>PM</b>
8/13/2018		<b>AM</b>	<b>PM</b>
8/20/2018		<b>AM</b>	<b>PM</b>
8/27-8/30 (closed 8/31)		<b>AM</b>	<b>PM</b>

## Waiver of Liability

As the parents, or legal guardians of \_\_\_\_\_ we hereby give permission for our child(ren) to participate in programs at Exxxel Gymnastics, LLC. We recognize that gymnastics and indoor/outdoor climbing are sports that involve height and rotation of the body, and there are inherent risks involved. On behalf of our children and on our own behalf, we agree to waive all claims against Exxxel Gymnastics, LLC and its 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 Exxxel Gymnastics, LLC. We hereby testify to our child's sound health of mind and body and we authorize Exxxel Gymnastics, LLC to seek medical attention at the nearest medical facility in case of emergency.

### SUMMER CAMP POLICIES

- Payment, health forms, and registration information must be completed and returned to camp upon enrollment.
- Refund policy:
  - A full refund will be issued if cancellation is made before June 1, 2018.
  - There will be no refunds or credits given if a child comes to camp without a health form and is restricted from participation.
  - Exxxel reserves the right to cancel the enrollment of a child who becomes uncontrollable or violates safety rules; no credits or refunds given.
- There is a \$15.00 late fee charged if a child is picked up late (fifteen minutes or more).
- A written note must be submitted if someone other than the parent/stepparent/guardian is picking up your child.
- We reserve the right to combine classes due to absenteeism, low enrollment, coaching changes, or any other extenuating circumstances.
- Exxxel reserves the right to cancel the enrollment of any child who becomes uncontrollable or violates safety rules; no refunds or credits will be issued.

### PARENTAL PERMISSIONS

By signing below, you give permission:

- For Exxxel Gymnastics, LLC to make, have, use, publish, and reproduce photographs, slides, motion pictures, and/or videotapes of your camper for its records and public relations programs. Note: You may refuse any and all use of photos and tapes related to your child, provided written notice is given to the Camp Director prior to the start of camp.
- For your child(ren) to participate in all camp programs, activities, and events, including out-of-camp trips by camp or commercial transportation, understanding that camp leadership and supervision will be provided.
- For an Exxxel camp staff member to apply sunscreen to your child(ren), if needed. A written notice must be given to the office if permission for us to apply sunscreen is denied. Note: It is our expectation that your child(ren) will arrive at camp with sunscreen already applied.

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

**Parent/Stepparent/Guardian**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_