



88 Wells Avenue Newton, MA
(617) 244-3300 / (617) 244-5777 (Fax)

www.exxcels.net

**2024-25 EXXCEL GYMNASTICS AND CLIMBING
CAMP PARTICIPANT**

Child #1 Name _____ F _ M _ DOB _____ E-mail _____

Any medical conditions to which we should be alerted: _____

Child #2 Name _____ F _ M _ DOB _____ E-mail _____

Any medical conditions to which we should be alerted: _____

Address _____ City _____ Zip _____

Telephone: Home Phone # _____ Work Phone # _____

Emergency Contact _____ Emergency Phone # _____

Parent's Name _____ Cell Phone # _____

Parent's Name _____ Cell Phone # _____

Authorized person/people to pick up: _____

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 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. On behalf of our child and on our own behalf, we agree to waive all claims against Exxcels 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 Exxcels Gymnastics, LLC. We hereby 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.

- **No refunds or credits will be given for missed or cancelled camp days.**
- Exxcels 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.
- Exxcels is not responsible for lost or stolen items brought into the facility. Please leave all valuable items at home.
- There is a \$25.00 late fee charged if a child is picked up 15 minutes after the scheduled pick up time from camp.

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: _____

For office use only.

Date(s) of Camp:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____