

2024-25 TEAM Participant Form

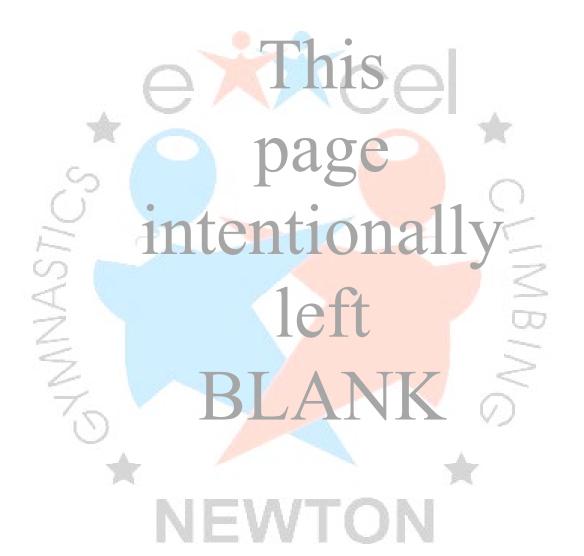
		1/) 244-3300 / (61/) 244-5 / / (Fax) ww F M	
Child's Name:FMDOB Describe any medical conditions which we should be aware of:			
Parent #1:		Email:	
Address:		City/State:	Zip
		(Opt In Text? Y/N) We	
Parent #2:		Email:	
Address:		City/State:	Zip
		(Opt In Text? Y/N) We	
Emergency Contact Name/Relationship: Emergency Contact #:			
How did you hear abo	out Exxcel Gymnastics?		
		f Risk and Waiver of Liability	
of or under the instruction, ambulance expense, hospitations owned or operated by Exxe	supervision, or control of Exxcel Gyr al expenses, and medical expenses for	sis and death, which may occur to any of our mnastics, LLC, and we agree to assume all a rr any loss or injury by reason of our use or of our child's sound health of mind and body an eal facility in case of emergency.	responsibility for doctor, our child's use of facilities
 Team registration is no make-ups, refur withdrawing for the December, Januar notification). A non-refundable at to team monthly present to be paid within the Failure to meet you paid. A 20% sibling discrete Exxcel reserves the or credits for miss The gym is closed 	edit card on the first day of each is a yearly commitment. Team member and or credits for missed practices. Where remainder of the year. Team members year february while they are participal annual membership will be applied; situation and the second of the year of the participal annual membership will be applied; situation and the second of the year of the participal annual membership will be applied; situation and the second of the year of the participal annual membership will be applied; situation and the second of the year of	pers are financially responsible during this till Written notification is required at least one numbers wishing to withdraw will not be financiating in gymnastics at their high school (onlingle enrollment-\$40 or family -\$50. Members sociation dues will be charged in advance. If your child's removal from practices and/or responsible to the second seco	me period. There will be nonth in advance if ially responsible for y after written tership fees are in addition Exxcel expects all balances meets until the balance is
Independence Day	for Labor Day, Thanksgiving Day,	Christmas Day, New Year's Day, Easter,	Memorial Day and

within the gym, on the Internet, or in our promotional materials. We have read and understand all the above and agree to abide by the above terms, including the Waiver of Liability.

Exxcel reserves the right to make, display and/or publish individual photographs. Photographs may be displayed

Parent, Guardian, or Authorized Person's Signature:	Date:
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Exxcel Gymnastics & Climbing

88 Wells Avenue, Newton, MA 02459 (617) 244-3300 / (617) 244-5777(Fax) www.exxcel.net

STUDENT(S):	
2024-25 CREDIT	CARD FUNDS TRANSFER REQUEST
I,account each month in payment of my dues.	, HEREBY AUTHORIZE Exxcel Gymnastics, LLC to charge my Charges will continue to apply until my financial obligations are met.
	CHARGES
Monthly tuition fees are applied the first day USAG fees become due, they will be added it	of every month. As Exxcel membership fee(s), team uniform charges and into the monthly charges applied.
charges are in addition to your monthly to	
• Your credit card numbers are kept in card on file for pro-shop items, birthday I	OBLIGATIONS a secured environment. As such, the office staff is unable to use the credit parties, meet fees, etc.
• Exxcel does not prorate monthly according incomplete attendance, is injured outside	ount charges for students who fail to attend, withdraws, experiences of the gym, or is dismissed from classes.
• No refunds or credits will be given for	or payments collected.
given one month prior to the beginning o	at any time by giving written notice to the Exxcel office. Notice must be f the next month and termination will become effective immediately. charges are applied for the next month's tuition.
 You must inform Exxcel of any change expiration of credit card). 	ges in the aforementioned account any time such changes occur (i.e.
I hereby consent to the above terms by signir	ng this authorization as it is written:
	GN WITHOUT READING ABOVE
Member Signature	Date
2024-25 EXXCE	EL CREDIT CARD AUTHORIZATION
TYPE OF CHARGE (CIRCLE)	MASTER CARD, VISA, DISCOVER, AMERICAN EXPRESS
ACCOUNT NUMBER	
EXPIRATION DATE (MONTH/YEAR)	
*V-CODE	
NAME	
STREET ADDRESS	

CITY, STATE, ZIP CODE

^{*}V-Code –last three slanted digits located above the signature line on the back of your credit card.