



## Exxel Gymnastics & Climbing

### 2011 - 2012 Back Handspring & Cartwheel Clinics

88 Wells Avenue | Newton | MA | Phone: (617) 244-3300 | Fax (617) 244-5777

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

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

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

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

Parent'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 Exxel 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 Exxel 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 Exxel Gymnastics, LLC. We hereby testify to our child's sound health of mind and body and we authorize Exxel Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

- Exxel 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.
- Exxel 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 clinics. We have read and understand all the above and agree to abide by the policies listed.

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:

Please circle the appropriate clinic(s)

Back Handspring	October 19 <sup>th</sup>	November 2 <sup>nd</sup>	December 7 <sup>th</sup>	January 18 <sup>th</sup>	February 8 <sup>th</sup>
Cartwheel	October 9 <sup>th</sup>	November 13 <sup>th</sup>	December 18 <sup>th</sup>	February 12 <sup>th</sup>	

Where Kids Matter Most

617.244.3300

88 Wells Avenue | Newton | MA 02459 | www.exxel.net