

**CLASS NAME**:

TRIAL DATE:

## 2020-2021 PARENT/CHILD CLASS RELEASE FORM

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

Child's Name:		F_	MDOB	
Describe any medical cond	litions which we should be a	ware of:		
Parent #1:		Email:		
Address:		City/State:	Zip	
Home #:	Cell#:	(Opt In Text?	Y/N) Work#:	
Parent #2:		Email:		
Address:		City/State:	Zip	
Home #:	Cell#:	(Opt In Text?	Y/N) Work#:	
		onship: Emergency Contact #:		
How did you hear about E	xxcel Gymnastics?			
	Acknowledgement of	Risk and Waiver of Liabili	ity	
Tuto  NO refunds or credits  If pre-registering for Fall classes – the tu  A non-refundable annu  Tution payment is due  Upon enrollment, tuitio A 20% sibling discount	ital expenses, and medical expenses are treatment at the nearest medical recreational classes for the session will be given for tuition or means the Fall Session, a \$50 nor ition balance will automatical membership will be applied; supon enrollment. There is no automatical membership will be seen the nut will be given toward the lesser to the session and the provided base on the nution will be given toward the lesser to the service of the session and the service of t	th We Agree To Be Financian.  The series of	fired to hold a child's space in d on file on August 1 <sup>st</sup> .  \$50.  Ill, Winter or Spring sessions. session.	
<ul> <li>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.</li> <li>Exxcel reserves the right to cancel the enrollment of any child who becomes uncontrollable or violates safety rules; no</li> </ul>				
refunds or credits will be issued.				
pro-rated accordingly.			·	
	es because of poor weather cond rent session. There will be no ref		able factors. These classes may be	
<ul> <li>Exxcel is not responsib</li> <li>Exxcel reserves the rig within the gym, on the</li> </ul>	le for lost or stolen items brough ght to make, display and/or pul Internet, or in our promotion	t into the facility. Please leave a blish individual photographs. Pal materials.	Photographs may be displayed	
		includes the trial & remaining		
	9	•	ms, including the Waiver of Liabili	
Parent, Guardian, or Au	ithorized Person's Signat	ure:	Date:	

 $\underline{\textbf{ENROLLMENT DATE}}:$ 

CLASS DAY:

**CLASS TIME**: