

2023-24 TEAM Participant Form

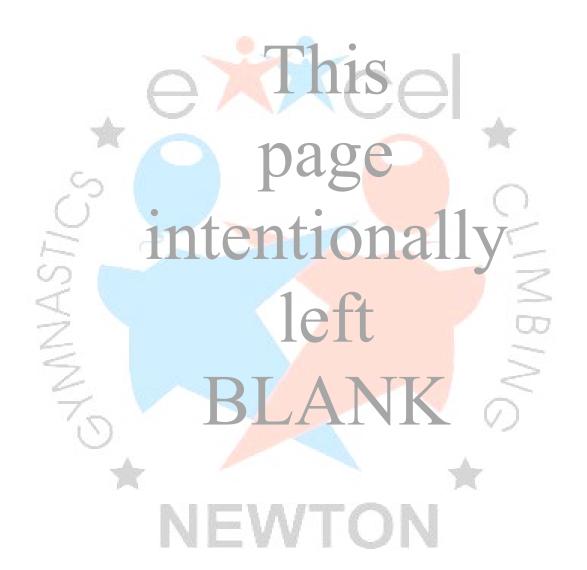
88 Wells Avenue, Newton, MA 02459 (617) 244-3300 / (617) 244-5777(Fax) www.exxcel.net

Describe any medical con		F	M DOB
•	nditions which we should be a	ware of:	
Parent #1:		Email:	
Address:		City/State:	Zip
			N) Work#:
Parent #2:		Email:	· · · · · · · · · · · · · · · · · · ·
Address:			Zip
			N) Work#:
	ne/Relationship: Emergency Contact #:		
<u> </u>		Risk and Waiver of Liability	
umbulance expense, hospital expound or operated by Exxcel Co		nastics, LLC, and we agree to assur any loss or injury by reason of our u	use or our child's use of facilities
We wish to enroll our chi deducted from my credit  • Team registration is a y no make-ups, refunds		l facility in case of emergency.	

Parent, Guardian, or Authorized Person's Signature: Date:

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

within the gym, on the Internet, or in our promotional materials.





## **Exxcel Gymnastics**

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STUDENT(S):		
I,	CARD FUNDS TRANSFER REQUEST , HEREBY AUTHORIZE Exxcel Gymnastics, LLC to ches. Charges will continue to apply until my financial obligations are	
	CHARGES	
Monthly tuition fees are applied the first day USAG fees become due, they will be added i	of every month. As Exxcel membership fee(s), team uniform channot the monthly charges applied.	rges and
charges are in addition to your monthly to	amilies with children in both team and recreational classes. Paymer eam obligations. Charges for recreational classes are as follows: 1/2 onth remaining in the session. As membership fee(s) become due, to d.	3 upon
	OBLIGATIONS	
• Your credit card numbers are kept in card on file for pro-shop items, birthday p	a secured environment. As such, the office staff is unable to use the	he credit
• 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.	S
• No refunds or credits will be given fo	r payments collected.	
given one month prior to the beginning of	at any time by giving written notice to the Exxcel office. Notice of the next month and termination will become effective immediate charges are applied for the next month's tuition.	
<ul> <li>You must inform Exxcel of any change expiration of credit card).</li> </ul>	ges in the aforementioned account any time such changes occur (i.e	e.
I hereby consent to the above terms by signing	ng this authorization as it is written:	
DO NOT SI	GN WITHOUT READING ABOVE	
Member Signature	Date	
2023-24 EXXCE	EL CREDIT CARD AUTHORIZATION	
TYPE OF CHARGE (CIRCLE)	MASTER CARD OR VISA	
ACCOUNT NUMBER		
EXPIRATION DATE (MONTH/YEAR)		
*V-CODE		
NAME		
STREET ADDRESS		
CITY, STATE, ZIP CODE		

<sup>\*</sup>V-Code –last three slanted digits located above the signature line on the back of your credit card.