



# 2023-24 TEAM Participant Form

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

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

Describe any medical conditions which we should be aware 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#: \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

How did you hear about Exxcels Gymnastics? \_\_\_\_\_

### *Acknowledgement of Risk and Waiver of Liability*

As parents or legal guardians of \_\_\_\_\_, we hereby give permission for our child to participate in all programs offered 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, including risks of serious injury, other personal injury, or death. On behalf of our child and on our own behalf, we freely and voluntarily assume those risks and we agree to waive all claims against, and hold harmless, Exxcels Gymnastics, LLC and its owners, staff and instructors for any liability, loss, injury, cost, damage, medical expense, long-term care or emotional distress arising out of any personal or other 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, and we agree to assume all responsibility for doctor, ambulance expense, hospital expenses, and medical expenses for any loss or injury by reason of our use or our child's use of facilities owned or operated by Exxcels Gymnastics, LLC. We 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.

**We wish to enroll our child in the Exxcels Team Program for Level \_\_\_\_\_. Team expenses will be automatically deducted from my credit card on the first day of each month (September-August).**

- Team registration is a yearly commitment. Team members are financially responsible during this time period. There will be no make-ups, refunds or credits for missed practices. Written notification is required at least one month in advance if withdrawing for the remainder of the year. Team members wishing to withdraw will not be financially responsible for December, January or February while they are participating in gymnastics at their high school (only after written notification).
- A non-refundable annual membership will be applied; single enrollment-\$40 or family -\$50. Membership fees are in addition to team monthly payments.
- Meet fees, coach's fee, uniform charges and Parent's Association dues will be charged in advance. Exxcels expects all balances to be paid within ten days of billing.
- Failure to meet your financial obligations will result in your child's removal from practices and/or meets until the balance is paid.
- A 20% sibling discount will be given toward the lesser tuition.
- Exxcels reserves the right to cancel the enrollment of any child who becomes uncontrollable or violates safety rules; no refunds or credits for missed practices.
- The gym is closed for Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Easter and Memorial Day. There will be no make-up for these practices.
- Exxcels is not responsible for lost or stolen items brought into the facility. Please leave all valuable items at home.
- **Exxcels reserves the right to make, display and/or publish individual photographs. Photographs may be displayed 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.*

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





**Exxcel Gymnastics**

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**STUDENT(S):** \_\_\_\_\_

**2023-24 CREDIT CARD FUNDS TRANSFER REQUEST**

I, \_\_\_\_\_, HEREBY AUTHORIZE Exxcel Gymnastics, LLC to charge my account each month in payment of my dues. Charges will continue to apply until my financial obligations are met.

**CHARGES**

Monthly tuition fees are applied the first day of every month. As Exxcel membership fee(s), team uniform charges and USAG fees become due, they will be added into the monthly charges applied.

- Payment Plans may be arranged for families with children in both team and recreational classes. Payment plans charges are in addition to your monthly team obligations. Charges for recreational classes are as follows: 1/3 upon enrollment and 1/3 on the first of each month remaining in the session. As membership fee(s) become due, they will be added into the monthly charges applied.

**OBLIGATIONS**

- Your credit card numbers are kept in a secured environment. As such, the office staff is unable to use the credit card on file for pro-shop items, birthday parties, meet fees, etc.
- Exxcel does not prorate monthly account charges for students who fail to attend, withdraws, experiences incomplete attendance, is injured outside of the gym, or is dismissed from classes.
- No refunds or credits will be given for payments collected.
- You may terminate this authorization at any time by giving written notice to the Exxcel office. Notice must be given one month prior to the beginning of the next month and termination will become effective immediately. Advanced notification will ensure that no charges are applied for the next month's tuition.
- You must inform Exxcel of any changes in the aforementioned account any time such changes occur (i.e. expiration of credit card).

I hereby consent to the above terms by signing this authorization as it is written:

**DO NOT SIGN WITHOUT READING ABOVE**

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**2023-24 EXXCEL 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	

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