

CLASS NAME:

TRIAL DATE:

2023-2024 TUMBLE, TURN & LEARN RELEASE FORM

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

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Describe any medical conditions which	ich 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/Relations	hip: Emergency Co	ontact #:
How did you hear about Exxcel Gym	nnastics?	
Ackn	nowledgement of Risk and Waiver of Liability	
LC and its owners, staff and instructors for a	any liability, loss, injury, cost, damage, medical expense, lo	ong-term care or emotional distress
LC and its owners, staff and instructors for a rising out of any personal or other injury, inc he premises of or under the instruction, super octor, ambulance expense, hospital expenses he cilities owned or operated by Exxcel Gymna ymnastics, LLC to seek medical treatment a	any liability, loss, injury, cost, damage, medical expense, locluding total disability, paralysis and death, which may occ rvision, or control of Exxcel Gymnastics, LLC, and we agr s, and medical expenses for any loss or injury by reason of lastics, LLC. We testify to our child's sound health of mind at the nearest medical facility in case of emergency.	ong-term care or emotional distress cur to any of our children while on ree to assume all responsibility for our use or our child's use of d and body and we authorize Exxcel
rising out of any personal or other injury, inche premises of or under the instruction, super octor, ambulance expense, hospital expenses acilities owned or operated by Exxcel Gymnastics, LLC to seek medical treatment a <i>Tuition Agree</i>	any liability, loss, injury, cost, damage, medical expense, local cluding total disability, paralysis and death, which may occurvision, or control of Exxcel Gymnastics, LLC, and we agres, and medical expenses for any loss or injury by reason of eastics, LLC. We testify to our child's sound health of mind at the nearest medical facility in case of emergency.	ong-term care or emotional distress cur to any of our children while on ree to assume all responsibility for our use or our child's use of d and body and we authorize Exxcel
LC and its owners, staff and instructors for a rising out of any personal or other injury, include premises of or under the instruction, super octor, ambulance expense, hospital expenses accilities owned or operated by Exxcel Gymnatymnastics, LLC to seek medical treatment a Tuition Agree. We wish to enroll our child in recreational NO refunds, credits or makeups w Tuition payment is due upon enrollme Upon enrollment, tuition can be prored to a 20% sibling discount will be giver exactly exactly exactly in the gym is closed for Labor Day, The pro-rated accordingly. Exxcel can cancel classes because of Exxcel is not responsible for lost or seek medical instruction, super instruction and provided in the control of t	any liability, loss, injury, cost, damage, medical expense, local cluding total disability, paralysis and death, which may occurvision, or control of Exxcel Gymnastics, LLC, and we agres, and medical expenses for any loss or injury by reason of lastics, LLC. We testify to our child's sound health of mind at the nearest medical facility in case of emergency. **Rement For Which We Agree To Be Financially** **Classes/programs for the session.** **Vill be given for any missed Tumble, Turn & Learn Classes* **Inent. There is no automatic re-enrollment into the Fall, Winterested base on the number of classes remaining in the session toward the lesser tuition.** **Ine enrollment of any child who becomes uncontrollable or whanksgiving Day, Christmas Day, New Year's Day, Easter of poor weather conditions or for any other uncontrollable fastolen items brought into the facility. Please leave all valuations of the property of the proper	ong-term care or emotional distress cur to any of our children while on the to assume all responsibility for four use or our child's use of and body and we authorize Exxcel Responsible: sses. Inter or Spring sessions. Inter or Spring sessions.

CLASS TIME:

ENROLLMENT DATE:

CLASS DAY: