



2024-2025 CLASS RELEASE FORM



88 Wells Avenue, Newton, MA 02459

(617) 244-3300 / (617) 244-5777(Fax) www.exxcel.net

1st Child's Name: _____ **F** **M** **DOB** _____

Describe any medical conditions which we should be aware of: _____

2nd Child's Name: _____ **F** **M** **DOB** _____

Describe any medical conditions which we should be aware of: _____

3rd Child's Name: _____ **F** **M** **DOB** _____

Describe any medical conditions which we should be aware of: _____

4th 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#:** _____ **Work#:** _____

Parent #2: _____ **Email:** _____

Address: _____ **City/State:** _____ **Zip** _____

Home #: _____ **Cell#:** _____ **Work#:** _____

Emergency Contact Name/Relationship: _____ **Emergency Contact #:** _____

How did you hear about Exxcel 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 Exxcel 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, Exxcel 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 Exxcel 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 Exxcel Gymnastics, LLC. We testify to our child's sound health of mind and body and we authorize Exxcel Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

Tuition Agreement For Which We Agree To Be Financially Responsible:

We wish to enroll our child in recreational classes for the session.

* **NO refunds or credits will be given for tuition or membership fees.**

* A non-refundable Annual Membership will be applied; single enrollment-\$40 or family -\$50.

* **Tuition payment is due upon enrollment.** There is no automatic re-enrollment into the Fall, Winter or Spring sessions.

* Upon enrollment, tuition can be prorated base on the number of classes remaining in the session.

* A 20% sibling discount will be given toward the lesser tuition.

* 2 make-ups **maximum** per session can be scheduled in advance through the office. Make-ups cannot be carried over to the next session.

* Exxcel reserves the right to cancel the enrollment of any child who becomes uncontrollable or violates safety rules; no refunds or credits will be issued.

* The gym is **closed** for **Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Easter, Memorial Day and Independence Day.** Tuition is pro-rated accordingly.

* Exxcel can cancel classes because of poor weather conditions or for any other uncontrollable factors. These classes may be made up during the current session. There will be no refunds.

* Exxcel is not responsible for lost or stolen items brought into the facility. Please leave all valuable items at home.

* **Exxcel 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.**

* **Exxcel offers "no risk" trial classes during our Fall, Winter and Spring Sessions. The enrollment fee will include the trial & remaining classes.** There is no fee if not enrolled.

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: _____