

Exxcel Gymnastics & Climbing 2024 Summer Camp Registration form

CAMPER INFORMATION											
CAMPER #1											
Last Name:	First Name:					dle:	<u>Age:</u>	Date of	Birth:	Sex:	
Allergies/Medical Conditions for Camper #1 :											
Does your child have an Epi-pen for the above allergy? Yes No Will your child need to take medications or use and Epi-pen while at camp? Yes No											
Additional allergy or health information:											
CAMPER #2											
Last Name:			First Name:				<u>dle:</u>	<u>Age:</u>	<u>Date of</u>	<u>Birth:</u>	<u>Sex:</u>
Allergies/Medical Conditions for Camper #2:											
Descrypting child have an Enimon for the above allergy? Yes. No. Will your child need to take mediantians or use and Enimon while strenge? Yes. No.											
Does your child have an Epi-pen for the above allergy? Yes No Will your child need to take medications or use and Epi-pen while at camp? Yes No Additional allergy or health information:											
CAMPER #3 Last Name: Middle: A								Age:	Date of	Rirth	Sex:
Last Name:		<u>riist na</u>	<u>ine.</u>			<u></u>	uie.	Age.	Date of	<u>Dii (ii.</u>	<u>JEX.</u>
Allergies/Medical Conditions for Camper #3:											
Does your child have an Epi-pen for the above allergy? Yes No Will your child need to take medications or use and Epi-pen while at camp? Yes No											
Additional allergy or health information:											
Address:		Email:									
Parent/Guardian		* You will receive confirmation via email Parent/Guardian									
Home #		Home #									
Cell Phone# Work Phone#		Cell Phone # Work Phone#									
Opt In Text? (Y/N)		Opt In Text? (Y/N)									
Referred by (please check one box): Family/Friend Family/Friend		Ad Close to home/work					ebsite 🛛 Other				
Authorized for Pick Up:											
EMERGENCY INFO											
Emergency Contact Name:		Relationship to Camper: Home phor			phone:		Work or Cell phone:				
Emergency Contact Name:		Relationship to Camper: Home phor			phone:		Work or Cell phone:				
Please check off the weeks that ye	our camper(s) will be	e attending	below.	Please note the gy	rm is clos	ed on Th	ursda	y, July	4 th and Fi	riday, J	uly 5 th
Sessions:			6/24	7/1 Closed Thursday & Friday	7/8	7/15	7/22	7/29	8/5	8/12	8/19
*Pre School/Kindergarten Kick-Off Camp (Ages 3yr-5yr) *Please circle which day(s) child will attend each week Must be fully potty trained/ independent in bathroom			M T W TH F	MTW	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F
Gymnastics Camp (ages 5y9m+)											
Climbing Camp (ages 5y9m+)											
AM Extended Day (8-9)											
PM Extended Day (3-5)											

Massachusetts State Law requires each camper to have an updated physical, as well as a current record of immunization, by his/her physician. Exxcel Camp requires each camper to have an updated physical dated within 12 months of arrival to camp.

We must have completed forms in our files before your child can begin camp.

All camp forms are due to the office by May 1, 2024

Please note that our camp has CPR and First Aid trained staff available. All coaching staff has been Safety Certified to teach gymnastics.

Waiver of Liability

As the parents, or legal guardians, of ____we hereby give permission for our child(ren) to participate in programs at Exxcel Gymnastics, LLC. We recognize that gymnastics and indoor/outdoor climbing are sports that involve height and rotation of the body, and there are inherent risks involved. On behalf of our children and on our own behalf, we agree to waive all claims against Exxcel Gymnastics, LLC and its owners, staff, and instructors, for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal 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. We hereby testify to our child's sound health of mind and body and we authorize Exxcel Gymnastics, LLC to seek medical attention at the nearest medical facility in case of emergency.

Assumption of the Risk and Waiver of Liability Supplement Relating to COVID

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Exxcel Gymnastics LLC has put in place preventative measures to reduce the spread of COVID-19; however, Exxcel Gymnastics LLC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Exxcel Gymnastics LLC could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I ________ acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Exxcel Gymnastics LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Exxcel Gymnastics LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Exxcel Gymnastics LLC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Exxcel Gymnastics LLC or participation in Exxcel Gymnastics LLC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Exxcel Gymnastics LLC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Exxcel Gymnastics LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Exxcel Gymnastics LLC program.

SUMMER CAMP POLICIES

- Payment, health forms, and registration information must be completed and returned to camp upon enrollment.
- A 10% sibling discount will apply to after the first child enrolled.
- Refund policy: A full refund will be issued if cancellation is made before May 1, 2024. After May 1, 2024 no refunds or credits will be issued. There will be no refunds or credits given if a child comes to camp without the required health form and is restricted from participation. There will be no refunds or credits if a camper fails to attend, withdraws, experiences incomplete attendance, or is dismissed.
- Exxcel reserves the right to cancel the enrollment of a child who becomes uncontrollable or violates safety rules; no credits or refunds will be given.
- There is a \$25.00 late fee charged if a child is picked up after their enrolled times.
- We reserve the right to combine classes due to absenteeism, low enrollment, coaching changes, or any other extenuating circumstances.
- Exxcel is not responsible for lost or stolen items brought into the facility. Please leave all valuable items at home.

PARENTAL PERMISSIONS

By signing below, you give permission:

- For Exxcel Gymnastics, LLC to make, have, use, publish, and reproduce photographs, slides, motion pictures, and/or videotapes of your camper for its records and public relations programs. Pictures may be displayed in our gym, printed in our advertisements or on the internet. Note: You may refuse any and all use of photos and tapes related to your child, provided written notice is given to the Camp Director prior to the start of camp.
- For your child(ren) to participate in all camp programs, activities, and events, including out-of-camp trips by camp or commercial transportation, understanding that camp leadership and supervision will be provided.
- For an Exxcel camp staff member to apply sunscreen to your child(ren), if needed. A written notice must be given to the office if permission for us to apply sunscreen is denied. Note: It is our expectation that your child(ren) will arrive at camp with sunscreen already applied.

We have read and understand all the above and agree to the above terms including the Waivers of Liability.

Parent /Guardian Signature:_____



Date: