



PARENT INFORMATION

First	Last	Date
Address	City	State
		Zip Code
Phone number	Email address(required)	Yes/No Military
Emergency contact: _____		

Payments

Fees are due on the 1st week of every month. **A Late fee of \$10.00 will be applied to your account if not paid by the 15th of every month.** Payment attempts resulting in NSF (non-sufficient funds) may be subject to a \$25 service charge. It is your responsibility to update your information with us. Delinquent accounts may result in student(s) being removed from the class roster and refused admittance to class. Excel reserves the right to use all legal means to collect outstanding debts including sending accounts to a collection agency and charging your credit card on file if you have a past due balance at the time of drop.

Drop / Withdrawal Notification

A written and signed Drop/Withdrawal Notification Form must be delivered to the Excel business office at least 2 (two) weeks prior to the beginning of the next month to avoid charges being assessed and due for the upcoming month. **Failure to do so will result in an additional monthly charge. Place drop notices in drop box.**

Holidays and Closures

Excel will be closed on the following holidays: Thanksgiving, Christmas, New Year's Day, Independence Day, Labor Day, Memorial Day, etc. As a general rule Excel Gymnastics will be closed due to Mat-Su Borough School District emergency weather closures. We do not prorate for these days.

Classes

Classes start and end at the scheduled time. Please DO NOT drop students off more than 10 minutes before class start time. **There are no make-ups, refunds, or credit for missed classes.** You MUST come into the building to pick up your child.

Dress Code

Sweats, shorts, t-shirts and leotards are acceptable. **No clothing with zippers, buttons or snaps.** Gymnastic shoes and bare feet are acceptable. **No jewelry.** Hair must be pulled back and out of face.

Discipline

Excel reserves the right to remove any student from class if the student is presenting a danger to themselves or others. There will be no corporal punishment used at Excel. "Time Out" will be used and parents will be informed of the situation.

First Aid

Coaches or trained staff may administer first aid for minor injuries, such as cuts or bruises. In the case of more serious injury, after care and subsequent treatments is the responsibility of the parent or guardian. Please remember it is your responsibility to inform Excel of any allergies, illness, previous injuries or special circumstances. It is also your responsibility to keep Excel informed of your Emergency Contact information.

Childs Information

First

Last

Birthdate

Medical Conditions

WARNING

Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. You assume a risk of serious injury in the use of this equipment, but the risk can be significantly reduced by always following the rules.

WAIVER of LIABILITY

All precautions will be taken to prevent accidents. Simple First Aid will be administered for minor injuries and parents or doctors will be called when necessary. I hereby consent to have my child participate in programs offered by **Excel Gymnastics, LLC**. It is hereby agreed that I, my child(ren), or otherwise, my heirs and executors, waive and release all rights and claims for damages that they may have at any time against **Excel Gymnastics, LLC**, its representatives, whether paid or volunteer, for injury, death or damages in connection with the gymnastics program or other activities related to **Excel Gymnastics, LLC**. The risks involved in respect to such a program are fully understood and agree to assume all risk of injury, whether minor, serious or catastrophic in nature, that may result from myself, spouse or my child(ren)'s participation in the instructional and/or recreational activities at Excel Gymnastics, whether allegedly resulting from my negligence or the alleged negligence of Excel or any of their employees or representatives. Understand that I am responsible to ensure the safety of myself and my child(ren) while participating in the instructional and/or recreational activities at Excel.

****By signing this form you have read and understood all rules and regulations.**



Signature

Date

Class _____ Day _____ Time _____ Class _____ Day _____ Time _____

Tuition _____ per month

Aug. _____ Staff _____ Date _____

Feb. _____ Staff _____ Date _____

Sept _____ Staff _____ Date _____

Mar. _____ Staff _____ Date _____

Oct. _____ Staff _____ Date _____

Apr. _____ Staff _____ Date _____

Nov. _____ Staff _____ Date _____

May _____ Staff _____ Date _____

Dec. _____ Staff _____ Date _____

Jan. _____ Staff _____ Date _____

\$40 Annual Membership _____