



220 Executive Drive  
 512 Thomson Park Drive  
 Cranberry Twp. Pa. 16066  
 724-772-0055  
 www.xcelgymnastics.com

# 2011-2012 GYMNASTICS REGISTRATION

**Mother's full name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Father's full name** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Address (if different)** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

*\*\*\* Required for e-mailing newsletters, statements and updates \*\*\**

**Legal Guardian: Mother, Father, Both**

(please circle one)

**Parent responsible for payment:** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

(other than parent)

**Phone #** \_\_\_\_\_

**Have the above students been enrolled at X-Cel before:**  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **NO** to the above question please indicate below how you heard about X-Cel:

**Yellow Pages** \_\_\_\_\_ **Birthdays Party** \_\_\_\_\_ **Web page** \_\_\_\_\_ **Ad** \_\_\_\_\_ **Field Trip** \_\_\_\_\_

**Friend Referral** \_\_\_\_\_ **Name** \_\_\_\_\_

**Other** \_\_\_\_\_

**Student** \_\_\_\_\_

**D.O.B** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**Describe any medical or other problem we should be aware of:**

\_\_\_\_\_  
 \_\_\_\_\_

For Office Use Only

**Class Code** \_\_\_\_\_ **Loc** \_\_\_\_\_ **Time** \_\_\_\_\_

**Start Date** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Student** \_\_\_\_\_

**D.O.B** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**Describe any medical or other problem we should be aware of:**

\_\_\_\_\_  
 \_\_\_\_\_

For Office Use Only

**Class Code** \_\_\_\_\_ **Loc** \_\_\_\_\_ **Time** \_\_\_\_\_

**Start Date** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Student** \_\_\_\_\_

**D.O.B** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_

**Describe any medical or other problem we should be aware of:**

\_\_\_\_\_  
 \_\_\_\_\_

For Office Use Only

**Class Code** \_\_\_\_\_ **Loc** \_\_\_\_\_ **Time** \_\_\_\_\_

**Start Date** \_\_\_\_\_ **Teacher** \_\_\_\_\_

## STUDENT

When you have any participant that is a minor, the parent or legal guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves. Also have the parental consent portion signed by the parent and/or Legal Guardian. **This waiver**, when the parent gives parental consent for the minor, **does not cover the parent** if something should happen to the parent. **This waiver only covers the minor.** If the parent decides to participate in the same activity as the minor please **make sure the Parent signs the Parent Waiver and this Student Waiver.**

### RELEASE AND WAIVER LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“ AGREEMENT”)

In consideration of participating in \_\_\_\_\_ I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the condition in which the event takes place, or the negligence of the “releases” named below: and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue \_\_\_\_\_, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “ releases” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement of assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed name of Participant(s)

AND I, the minor’s parent and/or legal guardian understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releasees from all liability, claims, demands, losses or damages on the minor’s Account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

My child’s picture may be used in an X-Cel ad, brochure, or on our web page: yes \_\_\_ no \_\_\_ (check one)

\_\_\_\_\_  
Printed name of Parent/or Legal Guardian  
  
\_\_\_\_\_  
Signature of Parent/or Legal Guardian

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONSENT FOR  
MEDICAL/SURGICAL CARE/  
EMERGENCY TREATMENT AND  
CHILD'S MEDICAL INFORMATION**

In presenting my son/daughter for diagnosis and treatment  
NAME \_\_\_\_\_ FOR \_\_\_\_\_ (student's name)  
\_\_\_ Mother \_\_\_ father \_\_\_ Legal guardian      \_\_\_ Son \_\_\_ Daughter

Of \_\_\_ years of age; hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.  
I have read this form and I certify that I understand its contents.

We/I hereby give our (my) consent to \_\_\_\_\_  
(X-cel Gymnastics, Inc.)  
who will be caring for our (my) child \_\_\_\_\_  
for the period **2011-2012** to arrange for routine or emergency  
medical/dental care and treatment necessary to preserve the health of our (my)  
child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Name \_\_\_\_\_ (person who carries insurance)      Family Physician \_\_\_\_\_  
Pediatrician \_\_\_\_\_

Telephone # \_\_\_\_\_  
(insurance co #)  
Name of Health Insurance Carrier \_\_\_\_\_

Group No. \_\_\_\_\_      Child's Allergies \_\_\_\_\_

I.D. # \_\_\_\_\_      Date of last tetanus booster \_\_\_\_\_

Medicines Child is taking \_\_\_\_\_

Signature \_\_\_\_\_  
Mother, Father or Legal Guardian      Date

**PARENT/STUDENT ACKNOWLEDGMENT AND AGREEMENT**

In consideration of my participation in any X-Cel Gymnastics, Inc. ("X-Cel") programs, classes, events, competitions and activities, I agree to be bound by each of the following:

1. I agree to be bound by X-Cel's rules at all times. I have reviewed the rules on the back of this page.
  
2. I will only participate in those X-Cel programs, classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure that I can perform them by myself, without injury.
  
3. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastic activities and events. I further agree that X-Cel and the sponsor of any X-Cel event, together with the employees, agents, officers, and directors of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in such activities or events, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Signature of Student: Age 10+ \_\_\_\_\_

For any student who is not yet 18 years old:

As parent or legal guardian of the above-named student, I hereby verify by my signature below that (i) I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by X-Cel Gymnastics, Inc., and (ii) I now have and will continue to provide proper hospitalization, health and accident insurance coverage that I consider to be adequate for both my child's and my protection. I also understand that it is my responsibility to warn my child about the dangers of gymnastics and injury. I have reviewed the rules below with my child.

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**Rules**

- \*No one is permitted in the gym without an instructor.
- \*Food, drink, or chewing gum is not permitted in the gym.
- \*Boys attire: gym shorts, (no jeans) and a tight fitting shirt.
- \*Girls attire: leotard, stretch shorts optional, no tights or loose t-shirts.
- \*Students must ask permission from their instructor to use the restroom or to get a drink.
- \*Running or ball playing is not permitted in the lobby, balcony or sidewalk outside.
- \*If your child has plans to ride home with someone other than a parent, please inform the front desk.
- \*Students age 8 and under must be picked up in the building. All students must wait inside for parent.
- \*Please observe from the upstairs balcony or viewing window in the lobby.
- \*Parents are not permitted to talk to their children from the balcony.
- \*Children should never be alone in the building with only one instructor present.
- \*All long hair must be pulled back.
- \*NO JEWELRY-Leave all valuables at home
- \*Private lessons are available only to enrolled X-Cel students.

**Classes begin Monday, August 22, 2011– June 2, 2012**

**10% Discount off Siblings & Multiple Classes. 4th Child FREE!!!**

**Class Program Registration Fees: \$35.00-New Students \$30.00-Returning Students Family fee-\$55.00**

<b>Monthly tuition: 50 minute</b>	<b>\$58.00</b>	<b>Bi-Monthly tuition :</b>	<b>50 minute</b>	<b>\$116.00</b>
<b>(Debit payment) 60 minute</b>	<b>\$60.00</b>	<b>(check, cash, or debit card )</b>	<b>60 minute</b>	<b>\$120.00</b>
	<b>90 minute</b>		<b>90 minute</b>	<b>\$160.00</b>
	<b>120 minute</b>		<b>120 minute</b>	<b>\$192.00</b>
<b>Home School</b>	<b>\$48.00</b>			<b>\$ 96.00</b>

**PAYMENT OPTIONS: (Check one)**

**Monthly Automated Tuition Payment (ACH Debit) Please complete ACH debit form and attach a voided check. (Available at business office) Reg. fee, First Session & Session #10 due @ time of Registration and can be drafted directly from your bank account. You will never have a late fee!!**

**I currently have an up-to-date DEBIT form on file at X-Cel.**

**Bi-Monthly— Your tuition is due the first of Sept, Nov, Jan, Mar. You will be paying for 8 weeks of classes at each payment. Session #1 and session #10 along with your registration fee are due at the time of registration. Payments can be made by check, cash or debit card.**

			<u>Monthly Pmt</u>	<u>Bi-Monthly Pmt.</u>	
Session 1	Aug 22-Sept 17	Due @ Reg.	_____	_____	Due @ Reg.
Session 2	Sept 19-Oct 15	Due Sept 1	_____	_____	Due Sept 1
Session 3	Oct 17-Nov 12	Due Oct 1	_____	_____	
Session 4	Nov 14-Dec 10	Due Nov 1	_____	_____	Due Nov 1
Session 5	Dec 12-Jan 14	Due Dec 1	_____	_____	
Session 6	Jan 16-Feb 11	Due Jan 1	_____	_____	Due Jan 1
Session 7	Feb 13-Mar 10	Due Feb 1	_____	_____	
Session 8	Mar 12-Apr 7	Due Mar 1	_____	_____	Due Mar 1
Session 9	Apr 9-May 5	Due Apr 1	_____	_____	
Session 10	May 7-Jun 2	Due @ Reg.	_____	_____	Due @ Reg
	<b>TOTAL</b>		_____	_____	

**Annual Registration Fee:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Cash Receipt** \_\_\_\_\_ **Debit Card** \_\_\_\_\_

**Make-up Policy:** Missed classes are not refunded or credited. You can hold a place in class for extended illnesses by paying half tuition and submitting a doctor's excuse. You are paying for your child's space in the class, not the number of classes they attend. *Each student will receive two general make-up coupons to be used September through April. When school is closed or delayed due to weather, your class will still be held. If your child is in a 9:00 or 10:00 a.m. class and you cannot attend due to school schedule conflicts, you can request a make up at the front desk. The 12:30 Toucans (Kindergarten) will receive make up coupons for modified schedules due to weather. Please check our website or call our office for possible cancellations.*

**Withdrawals:**

Withdrawals must be made **two weeks** before the next session begins. No withdrawals within a session. We offer a *two week money back guarantee to new students only.* Registration fee is not refundable or transferable. **It is your responsibility to pay your tuition by the first of each month that it is due. A \$5.00 late fee per student will be added to your account if your payment is not received in our office by the first of the month. If your bill is not paid by the 10th of the month your child will lose their spot in the class. There will be a \$30.00 NSF fee on all returned checks and a \$10.00 fee for all returned ACH Debits payments.**

Parent signature X \_\_\_\_\_ Date \_\_\_\_\_

*X-CEL GYMNASTICS, INC.  
AUTOMATED TUITION PAYMENT  
(ACH DEBIT AUTHORIZATION)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

*I hereby authorize X-Cel Gymnastics to deduct from my account the current balance that is due.*

*Please deduct payment from my account:*

<b>Financial Institution:</b>	<b>Branch Location:</b>
<b>Transit/ABA#:</b>	<b>Account #:</b>
<b>Circle Account Type:</b>	<b>Checking    or    Savings</b>

*I understand that if I decide to discontinue this payment plan, I must notify X-Cel in writing. My notice of revocation will include the information detailed above.*

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

Please attach a voided check from the account listed above.

John Doe  
456 Shady Lane  
Anytown, Pa. 78901

Date \_\_\_\_\_

  
  

PAY TO THE ORDER OF \_\_\_\_\_ **VOID** \_\_\_\_\_ \$

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Any National Bank  
Anytown, Pa. 78901

|:043312386                      123                      123 456 7

↑  
Transit/ABA# (routing#)

↑  
Account#