

Excel Athletics Inc.
After School
2019-2020

School _____
Child's Name _____ M/F DOB ___ Age ___
Child's Name _____ M/F DOB ___ Age ___
Home Address _____

Parent or Guardian Information:

Name Relationship _____
Parents Email _____
Cell Phone _____ Cell Phone _____
Employer _____ Work Phone _____
Name Relationship _____
Employer _____ Work Phone _____

Authorized/Emergency pick up (other that listed above)

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

Drivers License for identification is also required

All persons picking up must be on the **Pick Up List!**

Excel will not release to unauthorized person!

I understand participation in tumbling involves rotations, heights, and carries with it the risk of death or injuries or death. I am voluntarily enrolling my child(ren) in the Excel Athletics Inc After School Program. I understand any medical expenses related from participation in this activity will be my sole responsibility.

Excel Athletics Inc Expectation

- ⑩ Excel After School program runs from August 12, 2018 to May 30, 2019 according to the Polk County School Calendar. **This agreement commits your child for the entire school year. No exceptions are made to this policy. There is no refund on your last week of school.**
Initial _____
- ⑩ Pick up at is **promptly** at 6:00 pm. There will be a **\$1 charge per minute for every minute after 6:00.**
Initial _____
- ⑩ After School tuition is \$65 per week, per child. Discounts are not given for missed days. There is a \$20.00 Fee for returned checks.
Initial _____
- ⑩ **It is very important that you let us know by 12:00 noon on any day your child will not attend. A \$75.00 fee will be added to your account if notification is not made. My cell is 863-287-3243 a text is fine.**
Initial _____
- ⑩ I understand tuition is to be paid no later than the Friday before pick up on Monday. My child will not be picked up from the school if payment is not received.
Initial _____
- ⑩ We have an annual family registration fee of 25.00.
Initial _____
- ⑩ Students are encouraged to participate in all scheduled activities. Students must wear, or bring activity appropriate clothing each day.
Initial _____
- ⑩ If your child is sick, he or she must be picked up immediately. If you cannot pick up your child when notified, you must make arrangements for someone from the Authorized persons List to pick him or her up. **No refunds will be given for tuition or registration fee.**
Initial _____
- ⑩ I grant permission for Excel Athletics Inc. to take appropriate images and/or videos of activities that may include my child and have them printed in the newspaper, or on the Excel Website and/or social media.
Initial _____

Excel Athletics Inc.
Medical Release Form

Child's Name _____ M/F DOB _____ Age _____

Child's Name _____ M/F DOB _____ Age _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contacts:

Name _____

Home Phone _____ Cell Phone _____

Name _____

Home Phone _____ Cell Phone _____

It is very important that all information be completed in its entirety.

Excel Athletics Inc. cannot properly handle an emergency situation if important medical information has been omitted.

Medical Conditions _____

Medications _____

Special Instructions _____

Child's Primary Insurance (Copy of Insurance Card—Front and Back Required)

Company _____ Policy# _____

I am fully aware of and appreciate the risks of catastrophic injury, paralysis and even death, as well as damages and losses, associated with participation in gymnastics and other sports. I further agree that Excel Athletics Inc. employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of participation in the "Excel After School Program".

I hereby give consent for Excel Athletics Inc. to provide customary medical/athletic attentions, transportation and emergency medical services as warranty in the course of my child's participation at Excel Athletics Inc. I will maintain and uphold up-to-date primary medical health insurance during the entire camp enrollment at Excel Athletics Inc After School Program.

Parent/Legal Guardian Signature

Date

Notary

Expiration

Excel Athletics Inc.

Waiver Form

In consideration of participating in the Excel Athletics Inc. 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 conditions 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 EXCEL ATHLETICS INC., 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 damage, 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 Releases, I will indemnify, save, and hold harmless each of the Releases 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 or 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.

PARENTAL CONSENT 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 releases for 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 Releases 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 Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releases may incur as the result of any such claim.

ALL PAYMENTS TOWARDS CLASSES, AFTER SCHOOL, CHEER OR CAMPS AND OR MERCAHNDISE PAID OR PURCHASED ARE NON REFUNDABLE!

I understand and agree to the policies and procedures of the Excel Athletics Inc After School Program.

Printed name of participant

Printed name of Parent/ or Legal Guardia

Signature

Date

Excel Athletics Inc.

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