



X-Cel Preschool Stay and Play

Monday & Friday 12:30-2:30 \$9.00 per hour

General Information

Students Information

Mother/Guardian's Name _____

Student _____ Age _____

Father/Guardian's Name _____

D.O.B. ____/____/____ Gender _____

Email Address _____

Describe any medical or other problems we should be

Home Address _____

aware of _____

City _____ Zip _____

Mother cell # _____

Student _____ Age _____

Fathers Cell # _____

D.O.B. ____/____/____ Gender _____

Emergency Contact _____

Describe any medical or other problems we should be

Emergency contact cell # _____

Aware of _____

Persons allowed to pick up

For the safety of your child/children, only those listed below will be able to pick up your child from stay and play.

Name : _____ Cell# _____

Name: _____ Cell # _____

Signature of Parent/Guardian _____ Date ____/____/____

They will be asked to show ID before leaving the building.

Parents printed Name _____ Date ____/____/____

Parent Signature _____

I have acknowledged, that I have read and understand the terms conditions and appreciate the risk.

****New payment policy: We now require auto payment information entered at the time of Stay & Play registration. You may also pay by credit/debit card, check or cash by the 5th of the month. All unpaid balances will then be auto paid the 7th of each month.**

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 **STAY & PLAY** 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 " release " 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 X-Cel Gymnastics, 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 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 intent 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)

Date ___/___/___

Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

X-CEL GYMNASTICS, INC.

Credit Card Auto Pay

Name on Credit Card _____

Credit Card Number _____

3-4 Digit CCV (on back of card) _____

Expiration Date _____

Billing Address _____

City/State/Zip _____

I hereby authorize X-Cel Gymnastics to auto pay my account the current balance that is due.

I understand that if I decide to discontinue this payment plan, I must notify X-Cel Gymnastics. All payments can be managed through our X-Cel Parent Portal.

Signature: _____ Date: _____

ACH Debit Authorization

Office Use Only

John Doe 456 Shady Lane Anytown, Pa. 78901	Date _____
PAY TO THE ORDER OF _____ VOID _____ \$ <input type="text"/>	
Any National Bank Anytown, Pa. 78901	
:043312386	123 123 456 7

↑Transit/ABA # (routing #)

↑Account #

Financial Institution: _____	Branch Location: _____
Transit/ABA #: _____	Account #: _____
Account Type: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Revised 3/25/16