



OPEN GYM REGISTRATION FORM

STUDENT'S NAME _____

AGE _____ BIRTHDATE _____

ADDRESS _____

GENDER Female Male

CITY _____ ZIP CODE _____

HOME PHONE _____

MOTHER'S NAME _____

CELL PHONE _____

FATHER'S NAME _____

WORK PHONE _____

E-MAIL _____

EMERGENCY PHONE _____

HOW DID YOU HEAR ABOUT US? *(Please check all that apply)*

- | | | | |
|-----------------------------------|---------------------------------------|--------------------------------------|------------------------------------|
| Coupon <input type="checkbox"/> | Yellow Pages <input type="checkbox"/> | Friend <input type="checkbox"/> | Newspaper <input type="checkbox"/> |
| Drive By <input type="checkbox"/> | Web Site <input type="checkbox"/> | Trial Class <input type="checkbox"/> | Other <input type="checkbox"/> |

MEDICAL INFORMATION Is there any medical condition of which we should be aware? (Examples: Asthma, back injury, hearing loss, etc.)
If so, please describe: _____

Are any medications being taken which could cause disorientation, loss of balance, perceptual difficulties? Please list all medications currently taken, including over-the-counter products or those being taken on a temporary or periodic basis.

CLUB WAIVER AND RELEASE

We, the staff of The Victors Gymnastics, Inc. recognize our obligation to make our Open Gym guests and their parents aware of the risks and hazards associated with the sport of gymnastics and/or cheerleading. Although safety is first and foremost and safety precautions are taken, guests may suffer injuries, possibly minor, serious, or catastrophic in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the instructors' instructions.

The Victors Gymnastics, Inc., its instructors and other staff members, will not accept responsibility for injuries sustained by any guest during the course of the Open Gym time. With this in mind, and being fully aware of the risks and possibility of injury involved, Ithe undersigned consent to have my child participate in the Open Gym program offered by The Victors Gymnastics, Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I, or my child may have against The Victors Gymnastics, Inc. and or its representatives whether paid or volunteer.

I understand that it is the parents' responsibility to warn their children about the dangers of gymnastics and/or cheerleading and injury. Each parent should warn the child according to what the parent feels is appropriate. The Victors Gymnastics, Inc. will only warn the children through "safety messages" and our instruction style.

Parent or Guardian Signature _____

Date _____

PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY											
Date	Pmt.	Amt.	Date	Pmt.	Amt.	Date	Pmt.	Amt.	Date	Pmt.	Amt.