



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 \_\_\_\_\_

CLASS \_\_\_\_\_ DAY(S) \_\_\_\_\_ TIME(S) \_\_\_\_\_  
CLASS \_\_\_\_\_ DAY(S) \_\_\_\_\_ TIME(S) \_\_\_\_\_

REGISTRATION FEE: \$ \_\_\_\_\_ Due from each student as a one-time, annual payment for all gymnastics and cheerleading programs offered during the next 12 months by THE VICTORS.

CLASS TUITION: \$ \_\_\_\_\_ Please make checks payable to:

TOTAL ENCLOSED: \$ \_\_\_\_\_ THE VICTORS GYMNASTICS, INC.  
P.O. BOX 16392  
ROCHESTER, NY 14616

REFUND POLICY: Registration fees are non-refundable. Tuition refunds will not be given after a session begins (see gym policies)

HOW DID YOU HEAR ABOUT US? (Please check all that apply)  
Coupon  Yellow Pages  Friend  Newspaper   
Drive By  Web Site  Trial Class  Other

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 a medications currently taken, including over-the-counter products or those being taken on a temporary or periodic basis.

ACCEPTANCE: I the undersigned have read, understand and accept the gym policies, terms and conditions for participation in program offered by The Victors Gymnastics, Inc. I have been made fully aware and understand the risks associated with my child's participation in gymnastics or cheerleading activities and willfully have signed a Victors' club waiver and release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

Session	Date	Pmt.	Amt.	Class
Session 1	Date	Pmt.	Amt.	Class
Session 2	Date	Pmt.	Amt.	Class
Session 3	Date	Pmt.	Amt.	Class
Session 4	Date	Pmt.	Amt.	Class
Session 5	Date	Pmt.	Amt.	Class
Session 6	Date	Pmt.	Amt.	Class

## CLUB WAIVER AND RELEASE

We, the staff of The Victors Gymnastics, Inc. recognize our obligation to make our students 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, students 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 student. With this in mind, and being fully aware of the risks and possibility of injury involved, I the undersigned consent to have my child participate in programs 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

\_\_\_\_\_  
Parent or Guardian Name (please print)

### CREDIT CARD ON FILE:

MasterCard

VISA

Name on Card	
Account No.	
Expiration Date	
CVC No.	

### Credit Card on File Policy Statement:

I understand that the above credit card on file will be charged all fees due in the event that a written or EFT check that I have issued to The Victors Gymnastics Inc. is returned for insufficient funds or any other such reason. I also understand that unless there has been a prior agreement, the above credit card on file will be charged all past due tuition fees, following the first week of a new 8-week session that I have agreed for my child or children to attend.