



THE VICTORS GYMNASTICS, INC.

For information call (585) 663-4810
or visit www.thevictorsgym.com

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) _____

MEMBERSHIP 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: **THE VICTORS GYMNASTICS, INC.**

TOTAL ENCLOSED: \$ _____

PAYMENT METHOD: Auto-Pay Credit Card Cash Check No. _____

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

Friend <input type="checkbox"/>	Yellow Pages <input type="checkbox"/>	Birthday Party <input type="checkbox"/>	Open Gym <input type="checkbox"/>
Drive By <input type="checkbox"/>	Website <input type="checkbox"/>	Social Media <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: _____

MEDICATIONS 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.

GYM POLICIES I have read, understand and accept the gym policies, terms and conditions for participation in programs offered by THEVICTORS GYMNASTICS, INC. as documented on the Class Schedules & Tuition Fees document and The Victors website. Initial _____

CLUB WAIVER AND RELEASE I have read and understand the Club Waiver and Release on the reverse side of this Registration Form. 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 The Victors' club waiver and release. Initial _____

CONTINUOUS MEMBERSHIP I understand that my child's participation in The Victors Gymnastics program will continue month-to-month until I choose to cancel our class enrollment in accordance with the cancellation policy. Until that time I understand that I am responsible for all monthly tuition and fee payments regardless of my child's class attendance. Initial _____

AUTO-PAY I understand that Auto-Pay with a credit card on file is the preferred and most cost-effective payment method. I understand that my credit card on file will continue to be charged on a monthly basis as long as I continue my Auto-Pay election. Initial _____

ACCEPTANCE: I the undersigned have read, understand and initialed by acceptance of the gym policies, terms and conditions listed above.

Print Name _____

Signature _____ Date _____

CLUB WAIVER AND RELEASE

As legal guardian of all of my student(s), I hereby consent to the all person(s) participating in The Victors Gymnastics, Inc. program. I recognize that potentially severe injuries can occur in any activity involving height or motion, including gymnastics and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, martial arts, tumbling and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student and, in consideration for allowing my student to use these facilities, I hereby covennent not to sue and forever release The Victors Gymnastics, Inc., affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, and coaches involved in this program, from all liability and for any and all damages and injuries suffered by my student during instruction, supervision, and/or control during any and all classes.

PICTURE RELEASE

The Victors Gymnastics, Inc. has my permission to use my or my child's photograph publicaly to promote gym programs. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Yes, I give my permission

No, I do not give my permission

.....
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.	
Billing Address	

Credit Card on File Policy Statement:

Auto-Pay Customers

I understand that my credit card on file will continue to be charged on a monthly basis as long as I continue my child's enrollment in the program, regardless of my child's class attendance. I understand that I may change my Auto-Pay election to another payment method at anytime. I also understand that I may cancel my child's enrollment and discontinue auto-payments with a written notification to The Victos Gymnastics received on or before the 15th month. I understand that I am responsible for all monthly tuition and fee payments up to and including the last day of my child's enrollment in classes.

Non Auto-Pay Customers

I understand that the above credit card on file will not be charged unless the check or other form of payment that I have issued to The Victors Gymnastics Inc. has been returned for insufficient funds or any other such reason. I understand that unless there has been a prior agreement, the above credit card on file will be charged monthly for all past due tuition, membership fees, late fees or other charges in order to bring my account back to current.