



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

ACCEPTANCE: At THE VICTORS, safety of our students is our first priority. However, participation in gymnastics and cheerleading activities involves motion, rotation and height in a unique environment, and as such carries a risk of physical injury, including catastrophic injury or death. The undersigned fully understands and acknowledges these risks.

Signature _____ Date _____

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

Table with 5 columns: Session (1-6), Date, Pmt., Amt., Class.