



Student Registration Form

Registration Date: _____

Student's Name: _____

Age: _____ Date of Birth : _____

Address: _____

City/State/Zip code: _____

Home Phone: _____

Mother's Name: _____ Mother's Work/Cell: _____

Father's Name: _____ Father's Work/Cell: _____

E-Mail: _____

Physician's Name: _____

Physician's Phone: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

How did you hear about Victory Gymnastics Academy? _____

Please initial the following:

_____ Students must be escorted into and out of the gym by a parent or guardian. We are concerned with the safety of all the children who enter our facility.

_____ I have read and signed the Release and Waiver of Liability.

_____ I understand that there are no refunds, pro-rates or make-up's.

_____ I give permission to Victory Gymnastics Academy to post pictures of my child on its website: www.victory-gymnastics.com. These photos will be used for Victory promotional purposes only. _____ yes _____ no