



ENROLLMENT FORM

STUDENTS LAST NAME

FIRST NAME

PHONE NUMBER

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| LAST NAME | FIRST NAME | SEX | AGE | DATE OF BIRTH |
| STREET ADDRESS | | ZIP CODE | | PHONE |
| PARENT/GUARDIAN | | | EMAIL ADDRESS | |
| PHYSICAL IMPAIRMENTS, INJURIES, OR CONDITIONS | | | | |
| MENTAL LIMITATIONS | | | | |
| REGULAR MEDICATIONS TAKEN OR NEEDED | | | | |
| DOCTOR'S NAME | | | PHONE | |

- 1- Any activity involving motion or height creates the possibility of accidental injury, even serious injury; I understand the existence of this possibility and participate in this program at my own risk.
- 2- Because I understand this possibility of accidental injury to myself (or my child), I hereby release **Victory Gymnastics Inc.**, its owners and its employees from any liability for accidents occurring while I or my child is participating in **Victory Gymnastics Inc.** programs.
- 3- Tuition is due on or before the first class of each calendar month. After that, class payment is considered late and a late fee must accompany your tuition payment.
- 4- A one month deposit is required upon registration and is to be applied to your last month of classes. Refund of this deposit will be given only upon a 4-week notification of withdrawal from our program.
- 5- A non-refundable annual insurance fee is required of each student who enrolls. Insurance fees are paid on a September through August basis.
- 6- I acknowledge that **Victory Gymnastics Inc** has the right to use any images/videos/recordings taken at the facility for use in advertising and media. You will not receive any payment for such use and you waive any right to bring any action in law or equity against Victory Gymnastics Inc or its employees for such use.

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| DATE | PARENT OR GUARDIAN OR STUDENT (If over 18 years of age) |
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