



# VICTORY SPORTS

## 2017 MEDICAL RELEASE FORM

**\*Please Include Last Name\***

1: Guest Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2: Guest Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3: Guest Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4: Guest Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

We are here at Victory Sports today for:

\_\_\_\_ PNO \_\_\_\_ Open Gym \_\_\_\_ Birthday Party \_\_\_\_ Camp \_\_\_\_ Other

### Authorization and Release

I am fully aware that any activity involving motion and/or height can be dangerous and may result in injury. There is an inherent risk in this or any other activity. I understand the physical aspects of this sport and the risk I am taking by allowing my child to tryout and or participate in any VICTORY SPORTS activity. I shall not hold VICTORY VIPERS INC, VICTORY SPORTS, THE VICTORY VIPERS, ITS OWNERS, OFFICERS, EMPLOYEES, VV POWER, AND/OR VOLUNTEERS RESPONSIBLE, at any time, for any injury to my child as a result of VICTORY SPORTS OR VICTORY VIPER activities even the case of negligence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date