



REGISTRATION AND MEDICAL RELEASE FORM

Please fill out registration form completely and mail or return to the office with the required fees. Mail to Victory Gymnastic Training Center, 805 Stevens Ave., Oldsmar, FL 34677 or call (813) 925-0060.

Name of Student _____ Birth Date ___/___/___ Age _____

Mailing Address _____ City _____ Zip _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Emergency Contact _____ Phone (____) _____ - _____

Name of Mother _____ Father _____

E-Mail Address: _____

What school is this child enrolled in _____ Grade _____

How did you hear about us? _____ Web site _____ Yellow pages _____ Mailer _____
Other _____

Referral _____

Physical condition & pertinent medical history _____

PHOTO IMAGE/VIDEO AUTHORIZATION

By signing below, I give Victory Gymnastics permission to record the image and/or voice of the minor named below, and I grant Victory GTC all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the Victory GTC. I agree that all rights to the sound, still, or moving images belong to Victory Gymnastics.

_____/_____/_____
Signature of parent or legal guardian Date

(Please be sure to read and sign the Medical Release Form)

Please visit us at www.victorygtc.com