VICTORY ACADEMY REGISTRATION FORM

Student's Last Name		**First Name**	
Address	City	State	Zip
Sex Age	Date of Birth	School	Grade
Home Phone ( )	Emrg. # ( )	Emrg. Contact	

Mother's Name	Father's Name
Mom's Cell ( )	Dad's Cell ( )
Mother's Occupation	Dad's Occupation
Title	Title
Company	Company
Work # ( )	Work # ( )
E-Mail:	E-Mail:

How did you learn about Victory Academy? ☐ B-Day Party ☐ Friend ☐ Yellow Pages ☐ Newspaper ☐ Website ☐ Drive By ☐ Other

Are there any medical conditions or allergic reactions to which we should be alerted? ☐ Yes ☐ No

If "Yes" please explain?

Physician	Phone # ( )	Preferred Hospital
Medical Ins. Co.	Policy #	Phone # ( )

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As Legal guardian of _____, I hereby consent to the aforementioned person participating in the Victory Academy's programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in an activity involving height and motion, including tae kwon do, dance, gymnastics, cheerleading and related activities including tumbling and trampoline.

I understand that it is the express intent of Victory Academy to provide the safety and protection of my child and in consideration for allowing my child to use these facilities. I hereby forever release Victory academy, it's owners, employees, teachers, and coaches, from liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Victory Academy or its employees.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Victory Academy.

This acknowledgment or risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

_____ Parent or legal Guardian's Signature

_____ / / Date

PERMISSION TO TREAT (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

_____ Parent or legal Guardian's Signature

_____ / / Date