



MEDICAL RELEASE FORM

Participant's Name: _____ Date of Birth: _____

Siblings: _____ Date of Birth: _____

Home Address: _____

City: _____ Zip Code: _____

Home # _____ Cell # _____

Family Information:

Father's Name _____ Cell# _____

Mother's Name _____ Cell# _____

Email Address _____ (for upcoming events)

Are you attending?:

_____ Movie Night _____ Open Gym _____ Birthday Party _____ 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