



ENROLMENT FORM

GA NUMBER: _____

ATHLETE
Surname:
First Name:
Address:
Suburb:
Postcode:
Date of Birth:
Age:
M/F:
Emergency Contact:
Phone:

PARENT/GUARDIAN # 1
Surname:
First Name:
Occupation:
Mobile:
Email:
PARENT/GUARDIAN # 2
Surname:
First Name:
Occupation:
Mobile:
Email:

Kindy Gym	Age Group	Day	Time
Recreational Gymnastics	Age Group	Day	Time
Competitive Gymnastics (National/State)	Level	Day	Time
Ninja/Parkour	Level	Day	Time
Circus	Age Group	Day	Time
X- Elite	Level	Day	Time
Adult Classes	Type	Day	Time
Cheerleading	Level	Day	Time
Tumbling	Level	Day	Time

OFFICE USE	
GYMBIZ	
XERO	
ROLE	
START DATE	
/ /	

Medical History – You must supply a plan of action for any medical conditions at the time of enrolment

Please provide details of ANY medical, physical or intellectual condition that may have bearing on your child’s ability, safety or behaviour in class

Is your child on any medication, which we should be aware of?

Does your child suffer from allergies (ie: Medical, Bee Sting etc)?

Usual Doctor: Phone Number:

Medicare #: Private Health Fund #:

FAMILY COURT: Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? Yes/No

Terms & Conditions	YES	NO
I give permission for my child to be photographed/videoed while participating in any club activities. I consent for the photos/video to be used for publicity on the internet or in print, if required		
I give permission for my child to receive medical/ambulance assistance in the case of emergency and agree to pay such costs incurred		
I understand that I may access my child’s personal information held by the club upon request		
I understand that a formal registration policy is recorded and is available on request		
The information provided on this form is complete and correct to the best of my knowledge and I undertake to advise the Club promptly of any changes that may occur		
I have read and understand this enrolment application and club rules and agree to the terms and conditions stated therein		

The personal information provided by you on this form will be used in accordance with our Privacy Policy. To obtain a copy of our Privacy Policy, enquire about any privacy issue, or make a request for access to information, please contact the Club Director.

The Academy of Gymnastics may at its discretion commence proceedings or engage debt collectors to recover fees outstanding for a period in excess of sixty (60) days. The expense of debt recovery will be at a cost of the member or former member and will be added to the amount of any outstanding fees.

The Academy of Gymnastics requires 28 days written notice for any holiday adjustments of 2 weeks or more.

Participation in gymnastics and trampoline activities carries with it a reasonable assumption of risk. By signing this document, you consent for your child to participate in the activities provided by our Club

Signature:	Name:	Date:
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