

GYMNASTICS 2015 MEMBERSHIP & REGISTRATION FORM



Registering for: Rocket Tots Mini Martians Term Program - Term _____ Cheerleading

First Name: _____ Surname: _____

Address: _____ p/code: _____

Date of Birth: ___ / ___ / ___ Age: _____ Female Male

Email address for invoicing: _____ (write clearly)

Other Children enrolled in the gymnastics program: _____

Parent/Guardian contacts:

Contact 1: Name: _____ Home Ph: _____ Mobile Ph: _____

Email: _____ Relationship to child: _____

Contact 2: Name: _____ Home Ph: _____ Mobile Ph: _____

Email: _____ Relationship to child: _____

Parent/Guardian consent and other undertakings	YES	NO
I give permission for my child to be photographed or videoed while participating in any Club activities. I consent to the photographs or videos being used for publicity, if so required.		
I give permission for my child to receive first aid, medical or ambulance assistance in the case of an accident and agree to pay any costs incurred.		
I understand that I may request access to my personal information, including the formal registration information that is held by the Club about my family.		
The information provided by me 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 understand that fees paid are NON REFUNDABLE (except in exceptional circumstances at the discretion of the club), and a maximum of 2 make-up classes may be made if possible during the current term.		
I understand if I see something at the Gym which may be considered to be a safety issue, potential or otherwise, that I am obliged to inform the Office Manager or Senior Coach of that matter.		

Personal Information:

In accordance with the Privacy Act, the information provided on this Enrolment Form will be used primarily for matters related to the participation in the sport of gymnastics and to matters directly related to that participation. Organisations to which we may disclose personal information provided on this Enrolment Form include:

- Gymnastics Tasmania Gymnastics Australia Insurance Companies Australian Sports Commission
 Tasmanian Government Sport and Recreation authorities PCYC Tasmania

The Club limits such disclosure to only those personal details need to achieve the specific purpose for which the Club is supplying it to those organisations. If you choose not to supply sufficient personal information, the Club may not be able to provide you with the services that you would like, or the level of service that it aspires to provide.

Signed: _____ (Parent/Guardian) Date: ___ / ___ / ___

OFFICE USE

Client Connect - Number _____

Gymnastics Australia Registration - Number _____

Does your child have or has your child had?: Yes No

Details

- Heart condition
- Diabetes (Type I or type II)
- High blood pressure
- High Cholesterol
- Asthma
- Epilepsy
- Fainting or dizzy spells (at rest or during exercise)
- Eating disorder
- Chronic disability or chronic illness

In the last 12 months has your child had?: Yes No

- Any muscular pain while exercising
- Any joint pain or pain in the bones
- Any broken bones or injury to their bones
- Any surgery or been hospitalised

Does your child have any allergies? Yes No

Details:

Does your child take any medications? Yes No

Details:

Does your child have any medical or physical reason/condition that may prevent them from participating in a gymnastics/exercise program ? Yes No

Details:

I hereby acknowledge that:

- * The information provided above regarding my child's health is, to the best of my knowledge, correct.
- * I will inform you immediately if there are any changes to the information provided above.
- * I give permission for my child to commence your gymnastics/physical activity program.

Disclaimer: I acknowledge that participating in physical activity for my child carries a risk and I accept all responsibility for that risk

Childs name: _____

Parent / Guardian signature: _____ Date: _____

Staff Auth: _____ Date: _____

PLEASE ATTACH A COPY OF ANY ACTION PLANS EG: ASTHMA, ANAPHYLAXIS