



Office Use Only

Gym Level: _____
Coach: _____

Enrolment Form

Gymnast Details			
Surname		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name(s)		Date of Birth	/ /
Address			
Suburb		Postcode	Age
Home Phone		Mobile Phone	
Email			

Parent / Guardian Details			
Father's Name		Mother's Name	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Email		Email	

All invoices/notes/letters will be forwarded via email. Please indicate which email we should forward this correspondence to. (Please tick one)	<input type="checkbox"/> Mother <input type="checkbox"/> Father
Please indicate which parent is responsible for child's gymnastics fees. (Please tick one)	<input type="checkbox"/> Mother <input type="checkbox"/> Father

FBGC will always notify the parent/guardian of each gymnast in the event of an emergency. However, we ask for another contact (NOT PARENT) just in case the parent/guardian is not contactable at that time.			
Name			
Relationship		Contact Number	

Gymnast Medical Information	
Are there any medical conditions or physical impairment that may have a bearing on your child's ability, safety or behavior in class so so the club may better support you/or your child?	<input type="checkbox"/> No <input type="checkbox"/> Yes *
Does the gymnast suffer from any allergy?	<input type="checkbox"/> No <input type="checkbox"/> Yes *
Has the gymnast had any major surgery or illness that we need to know about?	<input type="checkbox"/> No <input type="checkbox"/> Yes *
Is there any additional information you would like to provide so the club may better support you/or your child? Eg. My child has a learning delay and engages best though clear and concise sentences with visual demonstrations	<input type="checkbox"/> No <input type="checkbox"/> Yes *

** If yes, please provide details of an Action Plan for treatment (such as asthma plan or anaphylactic plan). Please provide an attachment if necessary.*



Enrolment Form (Cont'd)

Terms and Conditions	
<p>I give permission for Fishermen's Bend Gymnastic Club to obtain medical attention as required for emergency situations, if I or my nominated others cannot be contacted. I understand that all associated costs of this treatment are my liability and not that of the Fishermen's Bend Gymnastic Club and/or its representatives.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes *
<p>The information provided on this form is completed and correct to the best of my knowledge and I undertake to advise the Club promptly of any changes.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes *
<p>I give permission to my child to be photographed and / or videoed while participating in any club activities. Photos/video to be used for displays/the club website or for grant applications when required.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes *

FBGC is committed to protecting your privacy. We use the information you provide to advise about and assist with your activities in accordance with Privacy Laws. We do not trade, rent or sell your information.

Parent / Guardian Consent	
<p>I have read, understand and accept FBGC's Fees and Payment Policy. I understand my child's enrolment is not finalized until full payment has been received and failure to pay term fees by the due date may result in my child's position within the class being made available to others.</p> <p>I acknowledge and agree that the Activities which are undertaken are for the purposes of recreation, enjoyment or leisure, involve a significant degree of physical exertion or physical risk and that FBGC excludes all liability of death or personal injury relating to any participation in such Activity however arising, including without limitation whether caused by the negligence of FBGC in accordance with the Trade Practices Act 1974.</p> <p>I understand that gymnastics activities involve motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of personal risk that the Club cannot be held responsible.</p> <p>I release and indemnify FBGC against any claim arising out of this contract in relation to any injury or death from the activity.</p> <p>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.</p> <p>I have read and understand this enrolment application and club rules and agree to the terms and conditions stated therein.</p>	
<p>I hereby indemnify the Fishermen's Bend Gymnastic Club, their Coaches and Assistants against any claim by or on behalf of the member/myself while participating in club activities.</p>	
<p>Signed (Parent /Guardian)</p>	<p>Dated / /</p>