



**ENROLMENT FORM**  
 20-22 Elgee Rd, Bellevue WA 6056  
 Telephone: 9274 8805

**PLEASE USE CAPITAL LETTERS**

**Gymnast Details**

First Name:		Last (Family) Name:	
Date of Birth:	please circle	Male / Female	
Email Address:			
Address:			
Suburb:	Post Code:	Phone (H)	
IF UNDER 18 : 1. Mother :		(M)	
2. Father:		(M)	
3. Guardian:		(M)	

**Medical History Details**

- Please provide details of any medical, physical or intellectual condition that may have a bearing ability, safety or behaviour in class:

- Any allergies/ medication, which we should be aware?     No     Yes please provide details below

- Action Plan Provided  No  Yes

- Details:

3. Emergency contact (name & telephone other than parent/guardian ):

4. Have you been with affiliated gymnastics club in Australia? Y / N Name of Club if yes

**Terms and conditions**

Circle

I understand that communication will be via email and agree to maintain a working email account and check on a regular basis	Y / N
I give permission for gymnast to be photographed/videoed while participating in any club activities & consent for the photos/video to be used for publicity if required:	Y / N
I give my permission to receive medical/ambulance assistance in case of emergency and agree to pay such costs incurred:	Y / N
This personal information will be used in accordance with our Privacy Policy. All policies and procedures are available from website of from administration.	Y / N
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:	Y / N
I Understand that I must give one months' notice in writing to administration if leaving a <b>SQUAD</b> placement.	Y / N
I understand registration fees are payable by the second class, fees payable for month/term (dependant on billing cycle), that I will be liable for any additional debt collection fees incurred as a result of failure to pay fees on time and that my child may be excluded from the class:	Y / N

**Participation in gymnastics activities carries with it a reasonable assumption of risk.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18 Parent /Guardians signature

**Optional Survey**

**Office use only**

I heard about the Swan Districts Gymnastics Club via the following:  <input type="checkbox"/> News/school advertisement <input type="checkbox"/> Internet search <input type="checkbox"/> Word of mouth <input type="checkbox"/> Drove past <input type="checkbox"/> Facebook/Instagram	<input type="checkbox"/> Jnr Swans <input type="checkbox"/> Snr Swans <input type="checkbox"/> Silver Swans <input type="checkbox"/> Black Swans <input type="checkbox"/> Kinder Programs <input type="checkbox"/> Other	Class Day (circle) <b>M, T, W, Th, F, Sa Su</b>
	GA Gymnast Number _____	
	Squad _____	
	Rego Paid ___/___/___	Amount Paid \$ _____