



Gymnast's Details

Surname Name: _____
First Name: _____ Known As (Nickname): _____
Middle Name(s): _____
Gender: male / female
Date of Birth: _____ Age on 01/01/2012: _____
Home Phone Number: _____
Home Address: _____
Suburb: _____ Postcode: _____

Previous Training/Experience

Yes, at Springwood Boys and Girls Club During 2011 Prior to 2011
 Yes, at another Gymnastics Club During 2011 Prior to 2011
Name of Gymnastics Club previously attended: _____
 No previous gymnastics experience

Parent's/Guardian's Details

Parent/Guardian 1 Details (Primary Contact)
Title: Mr / Mrs / Ms. / Miss / Other: _____
First Name: _____ Surname: _____
Relation to gymnast: _____
Postal Address: _____
Suburb: _____ Postcode: _____
Home Phone Number: _____
Mobile Phone Number: _____
Work Phone Number: _____
Email: _____

Parent/Guardian 2 Details
Title: Mr / Mrs / Ms. / Miss / Other: _____
First Name: _____ Surname: _____
Relation to gymnast: _____
Home Phone Number: _____
Mobile Phone Number: _____
Work Phone Number: _____

~ PLEASE TURN OVER ~

Gymnast's Medical History

Medicare Number: _____
 Family Doctor or Medical Centre: _____ Phone Number: _____
 Please specify any disabilities, weaknesses and/or allergies and appropriate first aid required.

Other family members enrolled at Springwood Boys & Girls Club

Please list the Name and Date Of Birth of any other family members also enrolled in classes at Springwood Boys & Girls Club

Name: _____ DOB: ____ / ____ / _____
 Name: _____ DOB: ____ / ____ / _____
 Name: _____ DOB: ____ / ____ / _____
 Name: _____ DOB: ____ / ____ / _____

Emergency Contact (other than parents)

Please list an emergency contact for use if we are unable to contact the parents during session times.
 Name: _____ Relation to Gymnast: _____
 Phone Number: _____

Authority & Acknowledgement of conditions

I, the undersigned, agree to the above named gymnast attending Springwood Boys & Girls Club and understand that any activities in which he/she participates is entirely at his/her own risk. I will not hold Springwood Boys & Girls Club, it's staff or volunteers responsible for any loss of property and/or accident. In the event of an accident or illness I authorise the obtaining on my behalf, such medical assistance as my child may require. I agree to pay any costs incurred. I am aware that fees are due and payable at the prior to the beginning of each term, and that even if my child does not attend some classes, fees must still be paid. I give permission for my child to be photographed/videoed while participating in activities at Springwood Boys & Girls Club or at representative activities and I consent for these photos/videos to be used for publicity if required.
 please tick if you do not consent for these photos/videos to be used for publicity.

Signed (Parent/Guardian) _____ Date ____ / ____ / _____
 Name (Please Print) _____

Registration details (office use only)					
Class Code	Class Coach	Fees	Due	Paid	Receipt No
		Registration Fee : \$50.00 (all except WAG : \$80.00) Term Fee:			
		class 1 - \$ _____			Date
		class 2 - \$ _____			
		class 3 - \$ _____			
		class 4 - \$ _____			