



Springwood & District Citizens Boys & Girls Club Inc

Gymnastics Enrolment Form 2010



Registration details (coach & office use only)					
Class Code	Class Coach	Fees	Due	Paid	Receipt No
		G.G Registration:....\$40.00 <i>OR</i> Levels Registration:.....\$70.00 Term Fee:.....\$			
					Date

Parents to complete details below

Child's Details

Family Name					
Given Names					
Date of Birth		Age on 01/01/2010		Gender	Male / Female
Home Phone Number					
Address					
Suburb		Postcode			

Previous Training/Experience

Gymnastics class attended in 2009 (please tick)	At Springwood Boys and Girls Club		Class attended in 2009 (at Springwood)
	At another Gymnastics Club		
	No previous experience		

Parents Details

Parent/Guardian	Father	Mother
Name		
Phone Number		
Occupation (optional)		

Child's Medical History

Please specify any disabilities, weaknesses and/or allergies and appropriate first aid required.			
Medicare Number			
Family Doctor or Medical Centre		Phone No.	

Emergency Contact

Please list emergency contacts (other than home number) during session times.			
1. Name		Phone No.	
2. Name		Phone No.	

Club Photos/Videos

I give permission for my child to be photographed/videoed while participating in activities at Springwood Boys & Girls Club or at representative activities. I consent for the photos/videos to be used for publicity if required	YES / NO
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Parent's Authority & Acknowledgement of conditions.

I the undersigned parent/guardian of the above named child, agree that any activities in which he /she participates is entirely at his/her own risk. In the event of an accident or illness I authorise the obtaining on my behalf, such medical assistance as my child may require. 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. (In the event of financial difficulties I understand the committee may look into fee concessions for my child.)

Signed (Parent/Guardian).....

Date...../...../.....