



# KINGS GYMNASTICS

## ENROLMENT FORM:

GA Number: \_\_\_\_\_

Email: [hello@kingsgymnastics.com](mailto:hello@kingsgymnastics.com) Ph. 0422 094 200

18 Cohn Street, Carlisle 6101

ATHLETE
First Name:
Surname:
Address:
Suburb:
Date of Birth:
Age:
M/F:
Class notes (office use)
How did you hear about us?

PARENT/GUARDIAN NO.1
First Name:
Surname:
Occupation:
Mobile:
Email:
PARENT/GUARDIAN NO.2
First Name:
Surname:
Occupation:
Mobile:
Email:

<b>Kindy gym</b>	Age Group	Day	Time
<b>Recreational Gymnastics</b>	Age Group	Day	Time
<b>Competitive Gymnastics (National/State)</b>	Level	Day	Time
<b>Tumbling</b>	Level	Day	Time
<b>Cheerleading (Open Sessions)</b>	Age Group	Day	Time

OFFICE USE	
REV	
EZIDEBIT	
INVOICE	
PAID	
GOL	
START DATE	

**MEDICAL HISTORY:** You must supply a plan of action for any medical conditions at the time of enrolment. Please provide details of ANY medical, physical or intellectual condition that may have bearing on your child's ability, safety or behaviour in class.

Is your child on any medication, which we should be aware of?

Does your child suffer from allergies (ie: Medical, Bee Sting etc?)

Usual Doctor:

Phone Number:

Medicare No:

Private Health Fund:

**FAMILY COURT:** Are there any Family Court Orders regarding the day to day or long-term care, welfare and development of the child? YES/NO

**TERMS AND CONDITIONS:** By signing this form, you consent to the following:

I give permission for my child to be photographed/videoed while participating in any club activities. I consent for the photos to be used for publicity on the internet or in print, if required.

I give permission for my child to receive medical/ambulance assistance in the case of emergency and agree to pay such costs incurred.

I understand that I may access my child's personal information held by the club upon request.

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.

I understand that the Registration Fee is payable per calendar year and is valid only from January 1 – December 31 or part thereof.

The personal information provided by you on this form will be used in accordance with our Privacy Policy. To obtain a copy of our Privacy Policy, enquire about any privacy issue, or make a request for access to information, please contact the Club Director.

Kings Gymnastics may as its discretion commence proceedings or engage debt collectors to recover fees outstanding for a period in excess of sixty (60) days. The expense of debt recovery will be a cost of the member or former member and will be added to the amount of any outstanding fees. (Inc. Any legal costs on a full indemnity basis)

Kings Gymnastics requires 28 days written notice for any holiday adjustments, minimum of two (2) weeks and capped at four (4) weeks per year. Competitive Gymnasts refer to your Squad Agreement. Make-up classes are not permitted. Kings Gymnastics required 28 days written notice to cancel any membership.

I have read and understand this enrolment application and club rules and agree to the terms and conditions stated therein.

***Participation in gymnastics and trampoline activities carries with it a reasonable assumption of risk. By signing this document, you consent for your child to participate in the activities provided by our club.***

Signature:

Name:

Date:

