

GYMNASTS INFORMATION

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|------------------------------------|-----|-------|------|--------------------------|--------|--|------|--|
| GYMNASTS NAME: | | | | GENDER | Female | | Male | |
| DATE OF BIRTH | day | month | year | PREFERRED NAME | | | | |
| ABORIGINAL OR TORRES STRAIT ISLAND | | | | YES / NO (please circle) | | | | |
| ADDRESS | | | | | | | | |
| SUBURB | | | | POSTCODE | | | | |
| SCHOOL | | | | YEAR LEVEL | | | | |

PARENT / CAREGIVER INFORMATION

| | | | | | | | |
|-------------------------|--|--|--|------------|--|--|--|
| FULL NAME | | | | | | | |
| EMAIL ADDRESS | | | | | | | |
| PHONE | | | | OCCUPATION | | | |
| RELATIONSHIP TO GYMNAST | | | | | | | |

PARENT / CAREGIVER INFORMATION 2

| | | | | | | | |
|-------------------------|--|--|--|------------|--|--|--|
| FULL NAME | | | | | | | |
| EMAIL ADDRESS | | | | | | | |
| PHONE | | | | OCCUPATION | | | |
| RELATIONSHIP TO GYMNAST | | | | | | | |

| | | | | | | | |
|---|--|--|--|------------|--|--------------------------|--|
| WHO WILL BE OUR MAIN CONTACT? | | | | PARENT ONE | | PARENT TWO | |
| ARE THERE ANY CUSTODIAL ARRANGEMENTS OF WHICH WE SHOULD BE AWARE? | | | | | | YES / NO (please circle) | |
| IF YES, PLEASE PROVIDE RELEVANT DETAILS: | | | | | | | |

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MEDICAL HISTORY

MEDICAL HISTORY OF GYMNAST

e.g.: broke left arm 2015, torn ligaments etc

ONGOING MEDICAL/PHYSICAL OR INTELLECTUAL CONDITIONS. (Please provide details)

I hereby consent to(Gymnasts Name) participating in club activities. I understand that gymnastics, like all sports and activities carries an inherent risk of injury. I understand that every endeavour will be made to contact me prior to any medical attention being given.

Where it is not practical to contact me, I authorise a representative of Cooroy Gymnastics Club to seek medical intervention (including treatment, emergency transport, hospitalisation, anaesthesia and/or medication) in the event of any accident, mishap or illness whenever my child is in the care of Cooroy Gymnastics Club. I understand that these services will be sought at my expense and as deemed necessary and/or appropriate by a representative of Cooroy Gymnastics Club.

I understand that representatives of Cooroy Gymnastics Club may from time to time take video or still images of the gymnasts for training, educational, administrative or promotional purposes.

I consent to the use of these images **Y / N** (please circle)

I understand my child must abide by the code of conduct and if he or she does not then disciplinary action will be taken.

In signing this enrolment form I, as parent of this enrolled gymnast agree to have read, understood and abide by all Club Procedures and Policies, access to these are available on the Cooroy Gymnastics Club website.

NAME.....
(Block letters please)

Signed:.....Dated:.....