

GA Data Base:

Gymnast ID No:



Office Use Only:

Day:

Competition / Recreation / Tramp

Email: cooroygymnasticclub@bigpond.com

Website: www.cooroygymnasticsclub.com.au

ABN 49 970 347 014

ENROLMENT FORM 2012

Class Level/Age:

Registration paid: 1 2 3 4

Term Fees Paid: 1 2 3 4

Gymnasts Details:

Last Name:.....

First Name:.....

Nickname:.....

Gender: M / F Birth Date (dd/mm/yyyy).....

Today's Date: Day.....Month 2012

Contact Details: Address:

Suburb: Postcode:.....

Email address:

Please print clearly as we wish to be able to use this as a contact facility to keep you informed

Phone Contacts:.....(hm)(mobile)

School Attending

Parent/Guardian Details

1. 2.

Tel:(wk)(wk)

.....(hm)(hm)

.....(mb)(mb)

Email:

Is there any custodial arrangement of which we should be aware? Y / N

If yes, please provide relevant details:

Can we give the above information on "parent contact list" to other parents? Y / N

Can we use photos and/or video footage of your child in club promotions? (ie: in flyers, newsletters, advertising etc) Y / N

Emergency Contact (other than Parent 1 and 2)

Name:

Phone:

Relationship to Gymnast:

Medical history of gymnast eg: broke left arm 2004, torn ligaments etc.

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Any health problems or medical conditions we should be aware of? (eg: asthma, allergies, diabetes etc. (Please attach any further info if insufficient space)

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Medication/treatment:.....

Doctors Name:

.....Phone:

Address:Medicare

No:.....

Health Insurance Y / N Fund

Name:

Ambulance Subscriber Y / N

I hereby consent toparticipating in club activities. I understand that every endeavour will be made to contact me prior to any medical attention being give. Where it is not practical to contact me, I hereby authorise the First Aid Officer/Team Manager, or designated 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 during my child's participation in the program throughout the year. I understand that these services will be sought at my expense and as deemed necessary and/or appropriate by the coaching team at Cooroy Gymnastics Club. I understand my child must abide by the code of conduct and if he or she does not then disciplinary action will be taken.

Signed:

Dated:

'Striving for excellence in Gymnastics'