



## ENROLMENT FORM

ATHLETE					
Last Name		First Name		Male / Female <i>(please circle)</i>	
Date of Birth		Phone (H)		Phone (M)	
Address			Suburb		Postcode
Correspondence Email					
Are you or have you been registered with Gymnastics Australia?			Multi-list Required?	Yes or No <i>(please circle)</i>	
If yes, Membership No		Previous Club:			

PARENT/GUARDIAN/EMERGENCY CONTACT					
Contact 1		Occupation			
Home Phone		Mobile		Relationship	
Contact 2			Occupation		
Home Phone		Mobile		Relationship	
If Parent/Guardian, Are you able to assist with Club Activities (eg: fundraising / competition volunteer)					Yes or No <i>(please circle)</i>

MEDICAL HISTORY
Please detail ANY medical, physical or intellectual condition that may have a bearing on the athlete's ability safety behaviour in class? (eg: diabetes, dyslexia, injuries to ankles or knees etc)
Is the athlete on any medication that we should be aware of?
Does the athlete have any known allergies? (eg: bee stings, nuts, pets etc)

Terms & Conditions	Yes	No
I give permission for my athlete to be photographed/videoed whilst participating in any Gymnastics Australia, Gymnastics WA or Club activities or competitions.		
I consent for the photos/video to be used for publicity on the internet or in print.		
I give permission for my athlete to receive medical/ambulance assistance in case of emergency and agree to pay any associated costs which are incurred.		
The information provided on this form is complete and correct to the best of my knowledge and I will advise the Club promptly of any changes that may occur.		
I have read and understand this enrolment application and have received the information booklet which contains the club rules and agree to the terms and conditions stated therein.		

*The personal information provided in this form will be used in accordance with our Privacy Policy. To obtain a copy of the Policy or enquire about any privacy issue or request access to information. Please contact our reception in person or on Ph: (08) 9331 1133.*

**Participation in gymnastics/trampoline activities carries a reasonable assumption of risk. By signing this document you consent for your athlete to participate in the activities provided.**

OFFICE USE		
GA ID		
Class Day/Time		
Invoiced		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Rev: Nov 2016

Parent/guardian to sign, if under 18.