

Enrolment period is completed date until 31.12.2019

Cost: Kinda Gym \$50.00 General Gym \$65.00 Plus Levy \$11.00 (per family)

 SURNAME: FIRST NAME:

 Male Female DOB / / Age:

Phone No. _____ Mob No. _____

 Address: _____

 _____ Post code _____

Email: _____

Please write in neat block letters

 Name of Parent / Guardian for Gymnast _____
 For Gymnast over 18 years list next of kin _____

 Emergency contact (**Please provide two, other than already listed above**)

Name: _____ Phone No. _____

Name: _____ Phone No. _____

 Any Custody / family arrangements we should be aware of? YES NO

 Has the named person ever been a member of Birralee Gymnastics? YES NO

 Preferred Class: Monday Tuesday Wednesday Time:
PRIVACY POLICY

BIRRALEE GYMNASTICS INC acknowledges and respects privacy of individuals. The information is for the purposes of processing your enrolment at BIRRALEE, providing you with updated information and assisting us to improve our services to you. The personal information collected is of the participant/parents/guardians child enrolled. By completing this form, BIRRALEE accepts that the participant/parents/guardians has given consent for this information to be collected. The intended recipients of this information are BIRRALEE, its authorised staff, Gymnastics Victoria, Gymnastics Australia and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and BIRRALEE GYMNASTICS Privacy Policy. As part of your enrolment with BIRRALEE, you will receive information from time to time regarding our programs and services. Please confirm below

 Yes (I would like to receive information)

 No (Please remove me, I do NOT wish to receive information)

| REG | LEVY | DATE PAID | RECEIPT NUMBER | VGA NUMBER |
|-----|------|-----------|----------------|------------|
| | | | | |

 I give permission for photos/videos of my child to be used with the club and on the club promotional material
 (i.e. the website, newsletters, notice boards, local paper, flyer, technical coach training etc).

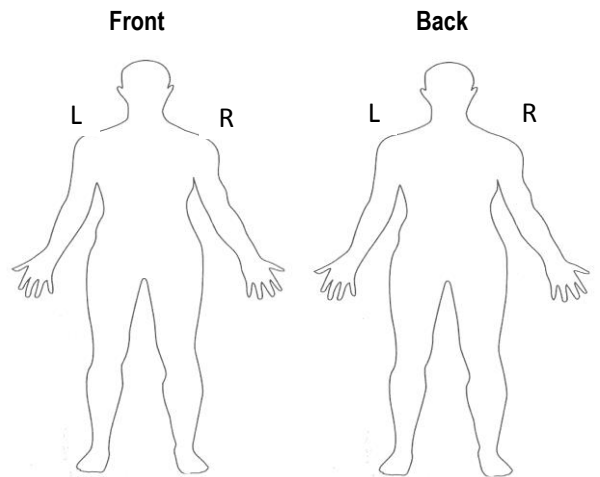
Yes / No Signed _____

Date: _____

Medical Details

Please indicate any previous injuries

| | | | | |
|--|-----------|--|----------------------------|-------|
| Anaphylaxis | Allergies | Diabetes | Intellectual disability | Other |
| Asthma | | I, give permission for staff to administer Ventolin if required (asthmatics only) YES / NO | | |
| Is your child allergic to band aides? | | | YES | NO |
| Comments: _____ | | | | |
| Behavioural concerns _____ | | | | |
| Hearing concerns _____ | | | | |
| Muscular weakness _____ | | | | |
| Other _____ | | | | |
| Family Doctor Name: _____ | | | Details of previous injury | |
| Family Doctor Phone Number: _____ | | | _____ | |
| Please circle: Ambulance Member Yes / No (*see note below) | | | _____ | |
| Ambulance Member Number | | | _____ | |



I, the undersigned agree that Birralee Gymnastics Inc and its officers, staff and agents shall be released from, and shall not incur, any responsibility for any accident or injury to myself/my child. I further authorize you to obtain medical/ambulance assistance in the case of accident or emergency involving the member/myself and I agree to bear any cost thereby incurred. I understand all members of Birralee Gymnastics Inc will be covered under the guidelines of the Gymnastics Australia Member Protection Policy and have been informed as to where I can locate information relevant to this Policy. I also agree not to allow any child I am responsible for, onto any gymnastic equipment unless the child is included in the current class. I understand that children will only be supervised by Birralee Gymnastics Inc staff during their scheduled class time. Children will not be supervised before or after the conclusion of the session they are booked in for. Parents are required to collect children at or before the set finishing time. Likewise Birralee Gymnastics Inc will not be responsible for gymnasts transport arrangements or their safety to/from classes or events.

Signed: _____ Date: _____

Are you interested in being on the Committee?

| | |
|-----|----|
| YES | NO |
|-----|----|

Are you able to offer or assist our club with any trade, skills, donations or sponsorship?

| | |
|-----|----|
| YES | NO |
|-----|----|

Please specify _____

All sports have an inherent risk of injury, and gymnastics is no exception. The learning of and participant in the sport of gymnastics, by its very nature, contains an element of risk. Whilst all due care and caution, is undertaken to ensure the safety and wellbeing of gymnasts under the care of Birralee Gymnastics Inc no liability is accepted for injuries sustained whilst under that care.

| Contact details | | | |
|--|--|-----------------|--|
|  | ABN: 28 558 604 355 | INC. A0021002L | www.birraleegymnastics.com.au |
| Club Email | info@birraleegymnastics.com.au | Club Contact | 0408 714 426 Mon, Tue & Wed |
| Club Website | www.birraleegymnastics.com.au | Vice President: | Carolyn Herrmann |
| President: | Jenni Wood | | 0416 124 600 |
| | 0438 411 147 | Email: | russ-car@bigpond.net.au |