

# ENROLMENT FORM & MEDICAL HISTORY

## 2017 Gymnastics Victoria Registration and Administration

Cost: Kinda Gym **\$45.00** General Gym **\$55.00** State Competition Gymnasts **\$75.00** Levy **\$11.00 (per family)**

**SURNAME:**  **FIRST NAME:**

Male / Female D.O.B Age:  Phone No. \_\_\_\_\_ Mob No. \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ (This is our preferred method of correspondence)

Name of Parent/Guardian (for adult member's next of kin) \_\_\_\_\_

Any Custody/family arrangements we should be aware of **YES / NO** TICK: **NEW** or **CURRENT** or **RETURNING** MEMBER

**Preferred Class:** Monday Tuesday Wednesday Gymstar Time: \_\_\_\_\_

Emergency contact (Please provide two contacts **NOT** already listed above)

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

### 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. If you do not wish to receive this information please circle either the "Yes/No" below. Your name will be removed from the mailing list. **Yes (remove my name) / No (send info to me)**

REG	LEVY	DATE PAID	RECEIPT NUMBER	VGA NUMBER	VGA CARD

Please circle if the participant suffers from any of the following:

Asthma	Seizures	Epilepsy	Developmental delay	Other
Anaphylaxis	Allergies	Diabetes	Intellectual disability	Other

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 \_\_\_\_\_

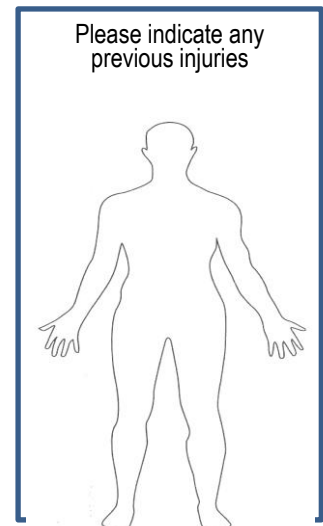
Hearing concerns \_\_\_\_\_

Muscular weakness \_\_\_\_\_

Other \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle: Ambulance Member Yes / No (\*see note below) 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: \_\_\_\_\_

**Unattended Classes ( Please read and agree to these terms)**

Each gymnast is entitled to one credit per term for a class which could not be attended. This credit cannot be transferred to another gymnast or accumulated to the next term. Once this credit has been used the balance of the classes must be paid for whether the gymnast attends or not. **A doctors certificate does not excuse your child from payment of classes**

If you have a long term (**more than 3 weeks**) injury or illness you may contact the President or Secretary in writing to request a special change to the above rule. The committee will make the final decision. A doctors certificate displaying dates gymnast is unfit for class will be required to consider this request.

If your child leaves the club and returns in the same year a \$40.00 re-enrolment fee will apply. Please note there is no guarantee that your child will be able to attend the same class that they previously attended. It is your responsibility to let the club know if your child does not wish to continue gymnastics, **if we do not know this your fees will be payable for classes not attended until we are informed of your decision.** You are welcome to notify the club via email if you wish.

**I understand and agree to the above "Unattended classes terms"**

Yes  No  Signed:.....

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: \_\_\_\_\_

Are you interested in being on the Committee?

YES	NO
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Are you able to offer or assist our club with any trade, skills, donations or sponsorship?

YES	NO
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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**

President: Jenni Wood  
0438 411 147

Vice President: Carolyn Herrmann  
57 831 067 or 0416 124 600  
Email: [russ-car@bigpond.net.au](mailto:russ-car@bigpond.net.au)