



Office use only	
Date Paid	
Payment Type	

REGISTRATION FORM

DETAILS	Gymnast 1	Gymnast 2	Gymnast 3
Office use only →	ID No.	ID No.	ID No.
Surname			
Given Names			
Date of Birth			
Gender	M / F	M / F	M / F
Gym Class			
Date Commenced	/ / 201	/ / 201	/ / 201
If already registered at another club, please state where			
Previous gymnastics level & year achieved	WAG/MAG _____ YEAR _____	WAG/MAG _____ YEAR _____	WAG/MAG _____ YEAR _____
Medical Condition	Does the gymnast have any known medical conditions? Eg asthma, epilepsy, allergies, deafness etc. <i>(Please circle below)</i>		
	YES / NO	YES / NO	YES / NO
	If YES, please provide details below.		
Medication	Does the gymnast take any medication on a regular basis? <i>(Please circle below)</i>		
	YES / NO	YES / NO	YES / NO
	If YES, please provide details below.		
Doctor's Name			
Doctor's Ph No.			
Do you consider yourself to be of Aboriginal or Torres Straits Islander descent	YES / NO		
PARENT/GUARDIAN INFORMATION			
Parent/Guardian Name:		Ph No.	
Address:		Mobile:	
Email:			
Parent/Guardian Name:		Ph. No.	
Address:		Mobile:	
Email:			
Alternative Emergency Contact Name:		Ph No.	

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO INFORM THE COACH OF ANY MEDICAL CONDITION

******* IMPORTANT – Please inform club as soon as any change of details occurs *******

TERMS AND CONDITIONS

[Please tick as read and understood]

I UNDERSTAND THAT:-

- if gymnast is absent for any reason (sickness, school camps etc) there will NOT be any make up class. Make up classes are only available when the COACH has cancelled the class. The time and date of the make up class will be set by the coach, if missed by the gymnast no other make up class will be available. If the coach is unable to offer a make up class a credit will be offered to gymnast's account.
- participating in gymnastics, like all sports and activities, carries with it an inherent risk of injury.
- every endeavor will be made to contact a parent/guardian prior to any medical attention being given. Where it is not practical to contact a parent/guardian, I authorise a representative of Yeppoon Gymnastics to seek medical intervention (including treatment, emergency transport, hospitalization, anesthesia and medication) in the event of any accident, mishap or illness, whenever my gymnast is in the care of the Gym. I understand that these services will be sought at my expense and as deemed necessary/appropriate by a representative of Yeppoon Gymnastics.
- Yeppoon Gymnastics is committed to protecting your privacy. We will collect, use, disclose and hold personal information in accordance with the Privacy Act 1998.
- term fees are due TWO weeks from date of invoice and I understand that if fees are overdue, my gymnast/s may be asked to sit out classes until payment is received or a payment arrangement has been approved by Yeppoon Gymnastics.
- IT IS THE POLICY OF YEPPON GYMNASTICS THAT "NONE OF OUR GYMNASTS ATTEND GYMNASTIC CLASSES (WHETHER IN HOLIDAYS OR IN TERM TIME) AT ANOTHER CLUB WITHOUT PRIOR KNOWLEDGE AND APPROVAL BY THE HEAD COACH/DIRECTOR. THIS POLICY ALIGNS WITH OUR COMMITMENT TO PRODUCE QUALITY GYMNASTICS AND HELP ENSURE THE SAFETY AND WELLBEING OF ALL OUR GYMNASTS".**

PHOTOS AND VIDEO FOOTAGE / EMAILS

[Please circle your choice of agree or disagree]

- ☆ I hereby agree/disagree to the use of photos and video footage of my gymnast/s being used by Yeppoon Gymnastics in advertising ie *website, facebook, newspapers, flyers/brochures.*
- ☆ I hereby agree/disagree to the use of my email address for newsletters, notices etc.
- ☆ I hereby agree/disagree to the use of my email address for invoices to be received.
- ☆ **I HAVE READ AND AGREE WITH ALL CLUB POLICIES as outlined in the 2017 Yeppoon Gymnastics & Movement Centre Inc hand book. If you do not agree to these terms then your gymnast will not be allowed on the gym floor. By signing below, I have agreed to the club terms and conditions in the 2017 handbook.**

Signed: _____

Date: _____

[Parent/Guardian]

EXTRA INFORMATION

(Please provide details of any extra information we should be aware of ie. custodial arrangements etc)
