



GYMNASTICS CLUB ENROLMENT FORM

Last Name: _____ **First Name:** _____

Address (Residential): _____

Suburb: _____ **Post Code:** _____

Date of Birth: _____ **M / F** _____

Address (Postal): _____

Suburb: _____ **Post Code:** _____

Phone (H): _____ **(W)** _____ **(M)** _____

Parent/Guardian 1 (please print): _____

Phone (H): _____ **(W)** _____ **(M)** _____

Parent/Guardian 2 (please print): _____

Phone (H): _____ **(W)** _____ **(M)** _____

Medical History

Please provide details of any medical, physical or intellectual condition that may have a bearing on your child's ability, safety or behaviour in class.

Is your child on any medication, which we should be aware?

Does your child suffer from any allergies (ie. Medical, bee sting etc.)?

Terms and Conditions	YES	NO
I give permission for my child to be photographed/videoed while participating in any club activities. I consent for the photos/video to be used for publicity if required.		
I give my permission for my child to receive medical/ambulance assistance in case of emergency and agree to pay such costs incurred.		
I understand that I may access my child's personal information withheld by the club upon request.		
I understand a formal registration policy is recorded and is available upon request.		
The information provided on this form is complete and correct to the best of my knowledge and I undertake to advise the Club promptly of any changes that may occur.		
I have read and understand this enrolment application and club rules and agree to the terms and conditions stated therein.		

In accordance with the Privacy Amendment (Private Sector) Act (2000), the information contained within this form will be used *primarily* for matters specifically related to participating in gymnastics and/or if a *secondary* purpose is related to the primary purpose and one could reasonably expect such use or disclosure.

To assist in providing our services, the organisations to which we disclose information include:

- Outsourced service providers who manage the services we provide to you, including:
 - Gymnastics NSW

- Gymnastics Australia
 - Insurers
 - Sport Education Section (ASC)
 - Our professional advisors, including our accountants, auditors and lawyers.
 - Government and regulatory authorities and other organisations, as required or authorised by law.
- We limit the use and disclosure of any personal information provided by us to such organisations for the specific purpose for which we supplied it.

If you choose not to provide personal information, we may not be able to provide you with the services you require, or the level of service on which we pride ourselves.

Parent/Guardians Signature: _____ Date: _____

Participation in gymnastics activities carries with it a reasonable assumption of risk.

Your expectations are important to us in delivering a quality service. What do you hope your child will gain through our programs?

Are there any services that you as a parent/guardian could provide to improve our club?
