



Canberra City Gymnastics Club Inc.

Enrolment and Indemnity Form

ENROLMENT of **ADULT GYMNAST** (PLEASE USE BLOCK CAPITALS)

SURNAME	GIVEN NAMES
PHONES.....	BIRTH DATE/...../.....
START DATE...../...../.....	
STREET ADDRESS.....SUBURB.....	
E-MAIL	
GYMNASTIC EXPERIENCE	

INDEMNITY FORM

I(Name of Gymnast) will indemnify the Canberra City Gymnastic Club Inc. and its coaches against any claims made for/on behalf of myself in participation in gymnastics. I further authorize the clubs' officers to obtain medical assistance as may be deemed necessary and agree to meet any associated medical expenses.

Signed.....

MEDICAL AWARENESS

Do you suffer from one of the following? **Please circle**

Epilepsy	Allergies	Asthma	Diabetes
Fainting	Nosebleed	Anaemia	Concussion
Blurred Vision	Needs Glasses		

Any other medical condition of which we should be aware.....

.....

In case of emergency contact: Name..... Phone/mob

OPTIONAL INFORMATION

How did you become aware of this club/venue? **Please tick and circle**

Recommendation from other people	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>
Another gymnast in the Club	<input type="checkbox"/>	Website / Internet	<input type="checkbox"/>
Returning to the Club	<input type="checkbox"/>	Newspaper Article	<input type="checkbox"/>
Television Commercial	<input type="checkbox"/>	Yellow Pages / YP Online	<input type="checkbox"/>

Occupation

Privacy Statement: All information is confidential and is used to provide club services to members and for internal accounting and administration only in accordance with the Club's Privacy Policy.