



Canberra City Gymnastics Club Inc.

Enrolment and Indemnity Form-Please complete all information

GYMNAST INFORMATION

SURNAME GIVEN NAMES

BIRTH DATE/...../..... GENDER..... SCHOOL

STREET ADDRESS..... SUBURB.....PC.....

SITE: Please circle LYNEHAM BELCONNEN

DAY AND CLASS

CONTACT INFORMATION

PRIMARY CONTACT..... SECONDARY CONTACT.....

PRIMARY EMAIL..... SECONDARY EMAIL.....

PRIMARY CONTACT PH N^o..... SECONDARY CONTACT PH N^o.....

RELATIONSHIP TO CHILD..... RELATIONSHIP TO CHILD.....

CONSENT FORM:

Name of Gymnast.....

I(Name of Parent/guardian) give permission for my child to participate in gymnastics with Canberra City Gymnastic Club Inc. I understand that my child is covered by personal insurance and the club is covered by liability insurance as paid with the annual registration with Gymnastics Australia. I understand that Canberra City Gymnastics Club Inc. or any member of its committee, coaches or supervisors are free of any responsibility or liability for any accidents or illness from any activity or competition involving my child and the club. I further authorize the clubs' officers to obtain medical assistance as may be deemed necessary and agree to meet any associated medical expenses.

I understand that fees are strictly on a term basis and are NON refundable.

Signed..... (Parent/guardian's Signature)

MEDICAL AWARENESS:

Is there any medical condition your child has of which we should be aware?.....

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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.

Consent to Use Your Child Photo: Yes NO

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

Recommendation from other people Another Child in Club / Child Returning

Newsletter / School Website / Internet