

**Southern Canberra Gymnastics Club
CLUB ENROLMENT FORM**

Note: Parent/ Guardian must complete unless gymnast is over 18 years of age.					
Child's First Name				Surname	
Address					
Suburb		State		P/Code	
Date of Birth		Age		Sex	M / F
Home Phone		Mobile			
Email Address					
Parents Names					
Medical Information					
Special Needs					
School					
Vikings Member	Vikings club is our major sponsor, are you a member? Yes/No Membership Number: _____				

For new enrolments – Please tell us how you heard about us? (Please tick the box accordingly)

From a friend/member	<input type="checkbox"/>	TV	<input type="checkbox"/>	Internet / Google etc	<input type="checkbox"/>	School's Program	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
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I _____ hereby enrol myself / my child named below in the course here under. In enrolling myself / my child I agree that The Southern Canberra Gymnastics Club Inc or any member of its Committee, Coaches or Supervisors are free of any responsibility or liability whatsoever for any accidents or illness from any activity or competition involving myself / my child and the club.

I authorise the Southern Canberra Gymnastics Club Inc or any member of its committee, Coaches or Supervisors in the event of any accident or illness to obtain medical assistance as is deemed necessary (including ambulance) and I agree to pay all expenses related thereto.

I also authorise the use of my child/children's image(s) for club's photo displays and the club's website use.

I understand that fees for new members are paid full at the time of enrolment. As a courtesy to new members, after the first two consecutive lessons, if your child does not wish to continue, we will offer a refund less the minimum trial amount of \$55 or the cost of the first two lessons if more than the minimum. New members being defined as; an individual who has not participated in our programs before.

The Southern Canberra Gymnastics Club abides by the Privacy Statement as set by the Australian Gymnastics Federation. A copy of this policy is available on request.

Parent/ Guardian Signature: _____ Date: _____ Term: _____

Classes	Approx Age	Class Day	Class Time
Kindergym	18 months - under 3 years		
Beginners Gym	3 years - 5 years		
Pre Levels	6 years - 7 years		
Girls, Boys or Tramp	Level:		

Payment Details Below – OFFICE USE ONLY

Fees Payable	Annual Registration \$ 88.00	Class Fees \$	Equipment Fund \$20.00 per family / term	Total Amount \$	Date Paid	Payment Method (circle) Cash / Eftpos
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