

# MURRAYLANDS GYMNASTICS ACADEMY Inc. 2022

## ENROLEMENT FORM

DATE:

Ambulance Cover Y  N  No: \_\_\_\_\_

FIRST NAME:

MIDDLE NAME:

SURNAME:

DATE OF BIRTH:

GENDER : M / F / NB / O

MEDICARE No:

Nationality: Aboriginal / Torres Strait Islander /Other:

Disability (type):

SIBLINGS DOING GYMNASTICS No:

NAME/S:

### CAREGIVER DETAILS

FIRST NAME:

SURNAME:

RELATIONSHIP:

EMAIL:

MOBILE/ HOME No:

POSTAL ADDRESS:

Person responsible for Financial Accounts:

Contact No:

### EMERGENCY CONTACT DETAILS

Emergency Contact Name	1	2
Relationship	1	2
Emergency Contact Number	1	2

### PARENTS / GUARDIAN'S DECLARATION – PLEASE READ CAREFULLY

I understand that gymnasts will be unable to train if enrolment forms are not returned and term fees are not paid in accordance with club polices. The State Association and Murraylands Gymnastics Academy and all its coaches, assisting coaches, committee members and volunteers hold no legal obligations for non-registered persons with GYMNASTICS AUSTRALIA. In the event of accident, I realise every effort will be made to contact parents before any major medical treatment is undertaken, I agree to delegate my authority to the instructors involved and such Instructors may take the necessary action they deem to ensure the safety and wellbeing of the group or individual. While I am aware that all due care will be taken, I realise that in the event of an accident, I am totally responsible for the costs incurred (i.e., ambulance cover). The information on this form is accurate to the best of my knowledge.

PARENT / GUARDIAN

SIGNATURE:

DATE:

### HEALTH INFORMATION

**NOTE:** The information requested on this sheet will be considered confidential by the club & will be treated accordingly. Any information given will not prevent your child from taking part in gymnastics activities unless further medical advice warrants exclusion. The information is sought to protect and assist the student so that gymnastics may be a safe & enjoyable experience. If your child suffers any medical condition, do you object to the information being entered on the club medical alert sheet for all coaches' reference? **YES** **NO**

DOES THE GYMNAST SUFFER FROM ANY MEDICAL CONDITIONS: **YES** **NO**

ASTHMA :

DETAILS:

TREATMENT:

ALLERGIES DETAILS:

TREATMENT:

REGULAR PRESCRIBED MEDICATION:

How is it to be taken?

How is it to be administered?

Does your child have any other medical information which might limit their involvement in the proposed activity? **YES** **NO**

Details and precautions which should be taken to prevent health problems arising?

What treatment is required in any emergency?

NAME & ADDRESS OF FAMILY DOCTOR OR CLINIC:

PHONE:

NAME & ADDRESS OF MEDICAL SPECIALIST:

PHONE:

HAS YOUR CHILD ENGAGED IN OTHER SPORTING ACTIVITIES? (Details)

Do you consent for you & your child's information to be shared with the Office for Recreation & Sport? **YES** **NO**

Do you consent to your child being photographed and photo's being used by the club for promotion: **YES** **NO** Social Media: **YES** **NO**