



2020 Registration Form

Gymnast Name 1: - _____ D.O.B. ____/____/____

Gymnast Name 2: - _____ D.O.B. ____/____/____

Medical Details: Eg; Allergies, injuries, medical conditions? This information may assist coaches with the training of your child.

Home Address: _____

Suburb: _____ Postcode: _____

Email Address: _____

Mother's Name: _____ Contact Number: _____

Father's Name: _____ Contact Number: _____

Emergency contact name: _____ Contact Number: _____

Payment Details: Kindy Gym \$20/ class, TT, ST, HF \$22/ class, Senior Gym \$25/ class
Full term (or pro rata) payment is required to confirm position in class. No casual visits.

Class Day & Time: _____ Term Cost: \$ _____ + Rego Fee: \$70 =

Total Cost: \$ _____

Active Kids Voucher 1

Name: _____ Voucher Number: _____

Active Kids Voucher 2

Name: _____ Voucher Number: _____

Credit card number (Visa/ MasterCard only) : ____ _ / ____ _ / ____ _ / ____ _

Expiry Date: ____ / ____ CVV: _____ Name on card: _____
Please note: all card transactions incur a 1.5% fee.

*****PLEASE SEE NEXT PAGE FOR TERMS AND CONDITIONS*****

GENERAL TERMS AND CONDITIONS:

1. I hereby consent to Gymnasts on form, participating in club activities, and agree to simple first aid being provided to all minor injuries. I understand that every endeavour will be made to contact me (or emergency contacts given) prior to any additional medical attention being sought. Where it is not practical to contact me, I hereby authorise the staff at Shire Gymnastics to seek medical intervention (including treatment, emergency transport, hospitalization & medication) in the event of an accident, mishap or illness during my child's participation in programs throughout the year. I understand these services will be sought at my expense and deemed necessary and/ or appropriate by the staff of Shire Gymnastics.
2. Members are entitled to 2 (maximum) make up classes for classes missed due to sickness, injury or functions. These make ups must be done during the same term, No credits or refunds for missed classes.
3. Media Release: Members are advised that from time to time your child's image may be captured by photo or video during classes or special events. Membership at the club serves as acknowledgment to use any images captured by Shire Gymnastics for the purposes of promotional material, social media or website without further permission being necessary.
4. Cancelled classes. Shire Gymnastics reserves the right to cancel classes due to dangerous weather, interruption to power supply or damages to the property deemed dangerous for activity along with any health precaution reasons. Cancelled class may be entitled to a make up class within the term, But no refund will be given.
5. Shire Gymnastics has a no refund policy for all classes. If a class can no longer be participated, a credit may be applied to your account or transferred to a family member.
6. I agree to and will practice all Shire Gymnastics Policies, Code and Terms and Conditions. (available to view on the website, www.shiregymnastics.com.au)

DISCLAIMER:

All precautions will be taken to prevent accidents. However, gymnastics is a dangerous sport and could result in injury/ occasioning death. Participants take part at their own risk. I hereby release all rights and claims for damages that I/we have at any time against Shire Gymnastics, and it's representatives, whether paid or volunteer, for any injuries or damages in connection with the gymnastics program or other activities related to Shire Gymnastics.

Parents Name _____ Signature _____

Date ____/____/____