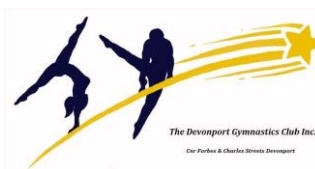


DEVONPORT GYMNASTICS CLUB

MEMBERSHIP & REGISTRATION FORM



OFFICE USE ONLY
 GB _____
 CLASS _____
 Pmt _____
 GA _____
 GB ID _____
 Phone _____

REQUIRED INFORMATION

Class day/s :	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
(Please circle)	Class time/s _____		Start date _____			

New Membership : Renewing membership: GA membership : (if Known)

First Name : _____ Surname: _____

Address: _____ P/code: _____

Date of birth: ___/___/___ Age: _____ Female Male:

Additional children enrolled: _____

PARENT GUARDIAN DETAILS:

Contact 1: First Name

Surname

Relationship to Gymnast

Home Phone Number

Work Phone Number

Mobile Phone Number

Email Address for invoicing (REQUIRED - please print clearly)

Occupation

Contact 2:

First Name

Surname

Relationship to Gymnast

Home Phone Number

Work Phone Number

Mobile Phone Number

Email Address for invoicing (please print clearly)

Occupation

HELPFUL INFORMATION

PARENT/GUARDIAN CONSENT INFORMATION

	YES	NO
I give permission for my child to be photographed and/or videoed during official Club activities. I understand that these images may be used for promotional purposes (including websites).		
I give permission for my child to receive first aid, medical or ambulance assistance in the case of an accident and I agree to pay any costs incurred.		
I understand that the fees paid are NOT REFUNDABLE (except in exceptional circumstances at the discretion of the Club)		

Any relevant custodial or legal orders?

YES	NO
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Please Provide details

MEDICAL EMERGENCY INFORMATION

Does your child suffer form any of the following:

Asthma	Y	N	
Epilepsy	Y	N	
Fainting or dizzy spells	Y	N	
Heart condition	Y	N	
Diabetes	Y	N	
Allergies	Y	N	Epi pen:
Other	Y	N	

OTHER RELEVANT MEDICAL INFORMATION

Preferred Family Doctor: _____ Phone: _____

Private Health: Y/N Name of private health (if applicable): _____

Medicare Number: _____

Pre existing injuries: _____ Please provide details: _____

Medical, Physical or Intellectual conditions: _____

Medication: _____

If the emergency contacts are unable to be reached, I give permission for approved representatives of the Devonport Gymnastics Club to seek necessary medical assistance for my child. YES NO

ASSISTING THE CLUB

Devonport Gymnastics Club is a Non Profit Organisation and is run by a small committee. Meetings are held on a monthly basis and require new members to allow the club to remain operational.

Are you able to assist by becoming a committee member? YES NO

If you are unable to assist as a Committee Member are you able to assistant the Club in any way? e.g: grant writing, maintenance, fundraising or any way you are able to contribute YES NO

Details _____

I hereby acknowledge that the information I have provided is correct to the best of my knowledge. I will inform you immediately if there are any changes to the information provided.

Gymnasts Name: _____

Parents Guardian signature : _____ Date: _____

PLEASE ATTACH A COPY OF ANY ACTION PLAN EG: ASTHMA. ANAPHYLAXIS,