

Enrolment Form

NSW Gymnastics No	
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Member Gymnast Details

Family name			First Name		
Date of Birth		Age		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address					
Suburb				Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Parent / Guardian Information (if member is Under 18 yrs)

First Contact		Second Contact		
Family Name		Family Name		
First Name		First Name		
Relationship		Relationship		
Work Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Work Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Mob Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mob Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Preferred E-mail			Home Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Who do we contact in case of Emergency if we cannot reach you?

Name			
Relationship		Contact Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Medical/ Other Member Information

Enter any medical, physical or intellectual conditions or other information we need to know in order to provide member's safety and best experience while participating in gymnastics. Does the member suffer from any potentially life threatening illnesses (eg. Asthma, Anaphylaxis, Epilepsy, Diabetes etc.) That require separate action plan.

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Has the member had any major surgery or illness that we may need to know about? Doctors Clearance will be required upon request.

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Medicare No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Health Fund	
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I hereby indemnify the Sydney Hills Gymnastics, its Coaches, Other Staff and Volunteers against any claim by or on behalf of the member/myself arises from/ while participating in club activities. I, _____, the member or the parent or Guardian of _____ give permission for the Sydney Hills Gymnastics Club to obtain medical attention as required for emergency situations, if I or my nominated others cannot be contacted. I understand that all associated costs of this treatment are my liability and not that of the Sydney Hills Gymnastics Club, or its representatives. To the best of my knowledge, the participant is a normal healthy person able and willing to take part in Sydney Hills Gymnastics Club activities. The information provided on this form is complete and correct to the best of my knowledge and I undertake to advise the Club promptly of any changes that may occur.

Signed (Member or Parent /Guardian)		Dated	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
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OFFICE USE

Asthma Plan <input type="checkbox"/>	Allergy Plan <input type="checkbox"/>	Other Plan _____
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Program Information

(Leave blank if you are new to the club)

Program	Teens / Adults	Training Days	Hours per week
Kindergym <input type="checkbox"/>	<input type="checkbox"/>	Monday <input type="checkbox"/>	Friday <input type="checkbox"/>
Recreation /Gym Fun <input type="checkbox"/>	<input type="checkbox"/>	Tuesday <input type="checkbox"/>	Saturday <input type="checkbox"/>
Recre-n/Tumbling Gym <input type="checkbox"/>	<input type="checkbox"/>	Wednesday <input type="checkbox"/>	Sunday <input type="checkbox"/>
Recreation /Gym Skills <input type="checkbox"/>	<input type="checkbox"/>	Thursday <input type="checkbox"/>	

How did you hear about the club?		How can you help your club?	
Yellow Pages <input type="checkbox"/>	School Program <input type="checkbox"/>	Admin Help <input type="checkbox"/>	
Club web site <input type="checkbox"/>	School Fliers <input type="checkbox"/>	Maintenance <input type="checkbox"/>	
Social Net <input type="checkbox"/>	Street signs <input type="checkbox"/>	Events Assistance <input type="checkbox"/>	
Local Media /newspaper <input type="checkbox"/>	Trailer/billboard <input type="checkbox"/>	Sponsorship <input type="checkbox"/>	
Word of mouth <input type="checkbox"/>	Gymnastics NSW <input type="checkbox"/>	Fundraising <input type="checkbox"/>	
Birthday Party <input type="checkbox"/>	Other club Referral <input type="checkbox"/>	Judging <input type="checkbox"/>	

Membership Agreement Terms and Conditions Sydney Hills Gymnastics terms and conditions of trading and service provision

I acknowledge and agree that:

- Sydney Hills Gymnastics provide services as per terms and conditions that regulated by policies.
- These terms and conditions can be varied with the authority of the Director of the Sydney Hills Gymnastics, further SHG in the text.
- The agreement with member will continue in force beyond the minimum agreement period on (quarter/month depending on payment account as per SHG fees policy) basis and on the agreement terms of previous period unless 14 day's written notice is given to SHG. If such a notice to SHG not provided any obligation to a minimum agreement period must be honored in full.
- SHG has sole discretion to terminate this agreement as a result of breach by member of any terms contained in this agreement or policies of the Club.
- Cancellation of membership can only take place after a minimum agreement period has been completed. Minimum agreement period is quarter or month depending on payment account as per SHG fees policy. Member can cancel membership if written notice of cancellation is received by SHG not less than 14 days prior to the intended cancellation date. Any amounts due to SHG must be paid in full prior cancellation take place.
- SHG has a right to charge members a fee for defaulted payments at the rate of 10% for each incident.
- There are options of time hold in the incident of illness and /or injury as per current fees policy.
- All prices quoted are inclusive of GST.
- Activities which are undertaken are for the purposes of recreation, enjoyment or leisure, involve a significant degree of physical exertion or physical risk and that Sydney Hills Gymnastics excludes all liability of death or personal injury relating to any participation in such Activity however arising, including without limitation whether caused by the negligence of SHG in accordance with the Trade Practices Act 1974. Therefore I understand any gymnastics disciplines activities or other recreational activities in gymnasium are dangerous. Participants that take part in such activities do so at their own risk. Sydney Hills Gymnastics takes no responsibility for any injury that occurs as a result of participation.
- I give permission for my child/self to be photographed/video-recorded while participating in any Sydney Hills Gymnastics activities by Sydney hills Gymnastics staff or contracted by SHG professionals. I consent for the photos/video to be used for publicity if required by the Sydney Hills Gymnastics.
- Although Sydney hills Gymnastics does not discriminate race or gender, we request all headdress or religious attire be tight fitted & may not be able to be worn in competitive levels due to safety.
- Gymnastics is a hand on sport; coaches will be spotting, helping and develop skills by hand.
- If your child/self has medical condition that we need to be aware of then you need to inform SHG in writing.
- Sydney Hills Gymnastics is committed to protecting your privacy. We will collect, use, disclose and hold personal information in accordance with the Privacy Act 1998 ("The Act"). For further details or a copy of the club's full privacy policy, please contact the office for a copy or find in the web site www.sydnehillsgymnastics.com.au
- All policies are available in printed version upon request or can be viewed on the website www.sydnehillsgymnastics.com.au
- I may access the member personal information withheld by the club upon request.
- I have read, and understand my obligations and rights in relation to this agreement and will abide by all membership conditions, rules, policies including dress code requirements.

Member to Sign (Parent or Guardian to sign if under the Age of 18 years)

By signing this form I acknowledge that I enter into this agreement in my own capacity on behalf of the member.

I _____ being the member or parent / carer of _____

Hereby consent to the member participating in the activities above and agree to abide by the terms and conditions as set out above.

SIGNATURE OF MEMBER or PARENT / GUARDIAN _____ DATE ____/____/____



Summary Statement.

1. STATEMENT OF COMMITMENT

Sydney Hills Gymnastics Club is responsible for the overall management, coordination and direction of gymnastic activities within the club. This is achieved by providing a management structure that is capable of delivering a range of resources, services and products to a diverse delivery network. Sydney Hills Gymnastics further SHG.

SHG is committed to providing a sporting and working environment that is safe, stable and free of discrimination and harassment, where risks are minimised through proactive management. Accordingly, SHG accepts risk management as one of its prime responsibilities making it an integral part of all decision-making processes.

The SHG Car Park and Driveway Safety Policy has been developed, all Car Park and Driveway Safety Policy activities will be carried out in-line with the principles and guidelines set out in this policy document.

Policy Requirements and Terms and Conditions.

1. Children under the age of 10 must be escorted into the gymnasium with a parent or caregiver, at all times. Sydney Hills Gymnastics will only accept a duty of care inside the building.
2. The safety and responsibility of all children is passed to parent/caregivers once the child/children are outside the building of Sydney Hills Gymnastics; this includes the car park and common driveways.
3. Parents are not to drop off children under the age of 10 at the front door of the gym. All parents must park and walk children into the premises.
4. Children under the age of 10 are not to exit the premises after class unless with an adult. Children are not to meet parents in the car park.
5. Children are not permitted to run or play within the car park or common driveway. Parents must pick up children, and immediately go to the car.
6. All children under the age of 10 must hold a parent's hand, bag or pram when walking to or from the gymnasium.
7. We ask that parents do not stand and talk with in the car park. If you wish do to so please do within the gym waiting room.
8. Parents are not to ever park in front of the roller/safety doors of other businesses

Statement Summary Recognition Form.

By signing this statement, I..... do agree that I have read the above summary statement provided by Sydney Hills Gymnastics, in regards to the Safety and Driveway Policy and requirements of all patrons. I commit to the required terms and conditions and by signing this statement, do ensure the safety of the patrons of Sydney Hills Gymnastics and its surrounding neighbors.

Child's name and Class Day/Time:

Parents/ Caregivers Name:

Parents/ Caregivers Signature:.....

Date:/...../.....