



GA Registration ID Number: _____

CCGA



20 _____

ENROLMENT FORM

Are you transferring from another gymnastics club THIS YEAR? Y / N Please Circle

Child's Last Name: _____ Child's First Name: _____

Address (Residential): _____

Suburb: _____ Post Code: _____

Child's Date of Birth: _____ M / F

Child's Age : _____

I agree I will be responsible for the full payment of all Gymnastics fees & accounts:

Signed _____ Print Name _____

Email: _____ accounts are sent by email

Parent 1: _____ Relationship to Child: _____

Phone (H): _____ (W) _____ (M) _____

Parent 2: _____ Relationship to Child: _____

Phone (H): _____ (W) _____ (M) _____

Emergency Contact: _____ Relationship to Child: _____

Phone (H): _____ (W) _____ (M) _____

Medical History

Please provide details of any medical, physical or intellectual condition that may have a bearing on your child's ability, safety or behaviour in class.

Does your child suffer from any allergies (ie. medical, bee sting etc.)? Action plan provided Y/N

Medicare Number _____ Which class does your child attend? _____

Please Sign & Date back of form:

Terms and Conditions



1. I agree to read and abide by its Rules, Policies and Procedures of Central Coast Gymnastics Academy. Handbook online at www.centralcoastgymnasticsacademy.com.au
2. I understand a comprehensive manual is recorded governing all **CCGA** Policies, Procedures and Governance and is available to view upon request but is not permitted to be removed from the premises.
3. I give permission for my child to be photographed/videoed while participating in any **CCGA** activities. I consent for the photos/video to be used for publicity/promotional and or general display by **CCGA** or any of **CCGA** affiliate.
4. I understand the sport of gymnastics and associated training can result in injury and I give my permission for my child to receive medical/ambulance assistance in case of emergency and agree to pay such costs incurred.
5. I understand that I may access my child's personal information held by **CCGA** upon request in accordance with **CCGA**'s Privacy Policy.
6. All personal information divulged to **CCGA** shall be handled and stored in accordance with the **CCGA** Privacy Policy.
7. I understand that my child will be refused training if fees or associated gymnastics costs are in arrears Online www.centralcoastgymnasticsacademy.com.au
8. The information provided on this form is complete and correct to the best of my knowledge and I undertake to advise **CCGA** promptly of any changes that may occur.
9. By signing this form I agree that I will be responsible for the payment of all fees incurred by my child.
10. **I agree to pay \$20.00 administration fee on outstanding fees and any other related costs incurred in the debt recovery process eg commissions**

Authorisation

By signing this membership form I agree to all the above conditions and accept that CCGA will only grant membership upon receiving a fully signed membership form and fully paid registration fees.

Waiver

I agree that CCGA will not be held responsible for any injury, etc. incurred and that any claim/s will not exceed the sum for which the registered gymnast is insured. I agree that unregistered/uninsured gymnasts are ineligible to make claims.

To assist in providing our services, the organisations to which we disclose information include:

- Outsourced service providers who manage the services we provide to you, including:
 - Gymnastics NSW
 - Gymnastics Australia
 - Insurers
 - Sport Education Section (ASC)
- Our professional advisors, including our accountants, auditors and lawyers.
- Government and regulatory authorities and other organisations, as required or authorised by law.

Parent/Guardians Signature: _____

Date: _____

Participation in gymnastics activities carries with it a reasonable assumption of risk.

Please print

Parents name signing this form-----

Year	CLASS	DATE PAID	Amount	Initialled
20__				

