



2017 ENROLMENT FORM – expression of interest for Gymnastics

YMCA Caloundra

Cnr Arthur Street and Central Park Rd., Caloundra QLD 4551

Your information will be kept confidential. The YMCA Privacy Policy can be viewed at www.brisbaneymca.org

Personal Information – complete all areas

Preferred Class booking (choice of day & class #1- #2).....

Surname: Date of birth:.....

Given Names:..... Female..... Male.....

Address:.....

Phone: (Home)..... (Mobile).....

Parent's/Guardian's Name/s:.....

E-mail (please print)..... (e-mail is our method of communication with you)

Medical Information - complete all areas

Doctor's name..... Doctor's 'phone:.....

Emergency contact: (name, phone number & relationship to child).....

Please give details below of any medical or physical conditions you (your child) have which may have a bearing on your ability, health or safety in gymnastic class.....

Asthma..... Allergies..... Epilepsy.....

Will you be carrying any medications that we must be aware of?.....

Prior experience - complete all areas

Have you previous gymnastics or acrobatic experience? (what and where).....

Have you passed any National Gymnastics Levels:.....

How did you find out about us? (Please tick one) Local paper..... Word of mouth Website.....

School newsletter Flyer Signage White Pages e-mailing List

Please read and sign

I have read the Club Expectations on the centre flyer and undertake that I will abide by them at all times.

I acknowledge that I am aware there is an inherent risk of injury or ill-health resulting from use of YMCA facilities and services, and from participation in exercise generally.

I therefore undertake to utilize these facilities and services only at my own risk and I hereby waive on behalf of myself, my heirs and executors hereafter liability against YMCA for any injury, illness or adverse change in my medical condition or state of health (whether permanent or temporary) arising directly or indirectly from my use of the YMCA facilities or other services provided, whether supervised or not by YMCA Staff. I authorize the YMCA or any member of its committee, Coaches or Supervisors in the event of any accident or illness to obtain medical assistance as is deemed necessary (including ambulance) and I agree to pay all expenses related thereto.

Signature of Parent-guardian (if member U18)..... Date.....

Please read and indicate consent (circle response)

I do / do not give permission for my child's photograph to be used for promotional purposes.

Safeguarding Children & Young People: The YMCA has a range of policies and procedures to keep children and young people safe.

Details of these policies are available at: www.ymcabrisbane along with information on how you can report child safety concerns.