



ENROLMENT FORM

Last Name: _____ First Name: _____

Date of Birth: _____ Male/Female _____

Address (Residential): _____ Suburb: _____ Postcode: _____

Email Address: _____

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

Emergency Contact: _____ (M) Phone: _____

Activity & Training Times: _____ GWA Membership No. _____

Are there any services that you could provide to improve our club?

Medical History

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

Are you on any medication which we should be aware of?

Do you suffer from any allergies (ie. Medical, bee sting etc.)?

Terms and Conditions	YES	NO
I consent to being photographed/videoed while participating in any club activities. I consent for the photos/video to be used for publicity on the internet or in print, if required.		
I consent to receive medical/ambulance assistance in case of emergency and agree to pay such costs incurred.		
I understand that I may access my personal information held by the club upon request.		
I understand a formal registration policy is recorded and is available upon request.		
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.		
I have read and understand this enrolment application and club rules and agree to the terms and conditions stated therein.		

The personal information provided by you on this form will be used in accordance with our Privacy Policy. To obtain a copy of our Privacy Policy, enquire about any privacy issue, or make a request for access to information, please contact reception on (08) 9309 3500.

***Participation in gymnastics/trampoline activities carries with it a reasonable assumption of risk.
By signing this document, you consent to participate in the activities provided by our Club.***

Signature: _____ Date: _____