

ENROLMENT FORM 2009



Program Enrolling in: Age:

Date of Enrolment:

Name of Member:

Past Member New Member

Office Use Only:

Member No:

Web Log in Details: Username: Log In:

Personal Details

CHILD:

Child's Given Name (MEMBER) Child's Family Name:

Other Names the Child is known by SCHOOL

M/F: DATE OF BIRTH Address: Post code

Bill Fees To: Religion: Primary Language:

Cultural Background: Legal Guardian:

Is there anyone who is prohibited from having contact with or collecting the child? Y / N

MOTHER:

Mother's Given Name: Mother's Family Name:

Other Names the Mother is known by: Address:

CONTACT No (Home) (Mobile) EMAIL

Work details Mother: Employer: Suburb:

Phone (W) Hours Occupation:

FATHER:

Father's Given Name: Father's Family Name:

Other Names the Father is known by: Address:

CONTACT No (Home) (Mobile) EMAIL

Work details Mother: Employer: Suburb:

Phone (W) Hours Occupation:

Medical Details

Is your Child on regular medication or have any disabilities, food sensitivities or allergies we should know about? Yes/No

If Yes give details:

Is there any other information you wish us to know about your child?

Medicare No:

Private Health Particulars:

Emergency Details

Doctor's Name:

Phone No

Contact Doctor Y/N

Address:

Dentist's Name

Phone No

Contact Dentist Y/N

Religious Requirements in case of Accident:

Using the boxes below, list at least 2 people authorised to collect the child and at least 2 people that we may call if we cannot find you in an emergency. These may be the same people for both situations.

Person's Name	Relationship To Child	Phone(H)	Phone (W)	Phone (Mobile)	Emerg.release Y/N	Daily Pick Up Y/N
Home Address:			Work Address:			
Home Address:			Work Address:			

In the Event of an emergency, illness or accident concerning to my child, and the staff being unable to contact me or other persons so authorised by me, I consent to the carrying out of appropriate medical, dental or hospital & ambulance services for my child and I consent to the carrying out of appropriate medical, dental or hospital treatment in the event that such action appears to be necessary because my child has been injured, or is ill, at the premises. I accept liability for medical, dental, hospital and ambulance as may be incurred.

Parent Signature:

Date:

Members Medical Information

KNOWN INJURIES

ILLNESS/CONDITIONS

DISABILITIES

ALLERGIES/MEDICATIONS

Medical Release Form

- I give my approval for the above named member to participate in any and all activities of the programme
- I hereby forever waive, and forever release and discharge the South Coast Gymnastics Academy their officers, directors, employees and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities.
- As a student, parent or carer of a member, that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by the South Coast Gymnastics Academy.
- I understand that participation is entirely by my own choice and with the understanding that there are risks and the possibility of accidental injury causing paralysis and even death in any activity involving unusual motion or height.
- The South Coast Gymnastics Academy is not responsible, whatsoever, for anything that happens before or after the members designated class times, birthday parties, holiday clinics, school clinics or fundraising activities.

I do hereby verify that I have read and understand and accept each of the above policies and conditions as shown by my signature below.

Name of Parent / Carer.....Signature.....Date.....

1. Permission for staff to act in case of emergency or accident:

Although every care will be taken of your child while at the Centre, the staff and South Coast Gymnastics Academy management cannot be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency treatment, every effort will be made to contact the parents and those listed as emergency contact persons before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for transport by ambulance to the Casualty Department and to be treated as per Hospital protocol. Parents are asked to sign and complete the following:

I, authorise the staff of the Centre to seek emergency medical treatment for my childshould this be necessary.

Signature:Date: Witness:Date:

2. Permission for publicity:

Occasionally the children may be filmed or photographed in the context of promoting the Centre or whilst being observed by staff or volunteers. I consent to my child's photograph being used for publicity should this be required.

Signature:Date: Witness:Date:

3. Permission for observation:

I consent to my child being the subject of observations, however, if questioning or testing of the child is to be taken, my permission will be sought beforehand,

Signature: Date:

4. Maintaining fees:

I agree to abide by the Centre's policy of maintaining fees. Membership registration and 20% of term fees are due by the 1st class. A 10% discount only applies when discounted term fees are paid in full on the due date. The discount does not apply to membership or any other fees. Term fees not finalised by end of week two will not receive the 5% discount and full term payment will be required. All existing members must be re-booked into a class and a 20% deposit paid prior to re-commencement of each term. There are no refunds on deposits. No members will be re-enrolled if fees are not paid in full by the end of term.

Signature:Date: Witness:Date:

5. Notification of Absence:

I understand that I have a responsibility to notify the Centre the morning of my Child's class if my child will be absent from class for any reason. It is my responsibility to notify the Centre in writing of any extended Holidays or absences where my child will not be attending class.

Signature:Date: Witness:Date:

6. Administration of Paracetamol:

I give permission for the staff to administer the recommended dose of Paracetamol to my child if he/she has a temperature and if I can't be contacted by phone.

Signature:Date: Witness:Date:

7. Permission to participate in fire drills:

The staff regularly practices Fire Drills with the children and we walk them out of the Centre into the adjoining car-parks and playgrounds. I give permission for my child to participate in the Centre's Fire Drills in accordance with the strict Department of Community Services regulations.

Signature:Date: Witness:Date:
