



Wollongong City Gymnastics Membership Form

www.wollongongcity.gymnastics.org.au

wcgymnastics@hotmail.com

Ph: (02) 4228 1369

Mob: 0432 182 324

Gymnasts Name:..... Female / Male

Date of Birth:.....

Address:.....Post Code

Email Address*(communication purpose only).....

School Attending:.....

Parent/Guardian Details

Mothers Name Fathers Name

Home Number Home Number

Mobile Number Mobile Number

Work Number Work Number

Work Place Work Place

Are there any custodial arrangements we should be aware of? Y / N

If yes, please provide relevant details

Can we use photos of your child in club promotions (eg. In reception, newspapers, newsletters website etc)? Y / N

Emergency and Medical Details

Emergency Contact Name (other than parent) :

Phone Relationship to Gymnasts

Medical History of gymnast (eg broken arms, torn ligaments etc)

Any health problems or medial conditions we should be aware of? (eg: asthma, allergy, diabetes etc)

Medication / Treatment

(Please turn over)

Doctors Name: Phone:

Medicare Number: Health Insurance: Yes / No

Fund Name: Ambulance Cover Yes / No

I hereby consent to participating in club activities. I understand that every endeavour will be made to contact me prior to any Medical attention being given. Where it is not practical to contact me, I hereby authorise the First aid officer / team manager, or designated representative of Wollongong City Gymnastics, to seek medical intervention (including treatment, emergency transport, hospitalization, an anaesthesia and medication) in the event of any accident, mishap or illness during my child's participation in gymnastics throughout the year. I understand that these services will be sought at my expense and as deemed necessary and / or appropriate by the coaching team of Wollongong City Gymnastics.

Wollongong City Gymnastics Privacy Statement – Wollongong City Gymnastics is committed to protecting your privacy. We will collect, use, disclose and hold personal information in accordance with the privacy act 1988 (the act).

Fees & Participation Policy

Half of the term fees must be paid in the first 2 weeks of term for all new and existing members (new members pay pro-rata for the remainder of the term on their second visit). Registration/membership must be paid in full on the second visit and **balance of term fees must be finalised by week 5 of the term**. Failure to do so will result in additional account keeping fees.

Once your child is enrolled for the term, term fees are not refundable except due to injury or illness. Refunds and credit for the balance of term fees, less 10% admin fee, will only be provided upon receipt of a Doctors certificate for absences greater than 2 weeks only.

By attending the first lesson of term (or the second lesson after the trial for new members only) you have enrolled for the term and acknowledge that full term fees are therefore due. If your child quits gymnastics, you will still be liable for the full term fees.

In the event that term fees are not paid, and the debt is handed over to an external debt recovery agency, all costs incurred by Wollongong City Gymnastics in doing so will be passed on in the form of additional fees.

Equipment safety checks are performed daily in accordance with Wollongong City Gymnastics and PCYC risk assessment policy. I understand that there is a risk and the possibility of accidental injury in participating in activities involving unusual motion.

Registered gymnasts are insured through Gymnastics NSW and their preferred insurance provider.

Wollongong City Gymnastics Inc, its staff, management, volunteers or agents are not liable for any personal injury, loss or damage of property or expenses, including medical expenses, which I or my child or ward may suffer at the Club and/or as a result of participating in a Wollongong City Gymnastics activity.

I have read and understand the fees & participation policy

Parent/Guardian Name: (print)

Date: