8. Member Procedures

8.1. Enrolment Form

ENROLMENT FORM
(Please note that all details must be completed)

Childs Name……

Childs D.O.B:……..

Serious injuries:.....Any Disabilities/Allergies:.....

Responsible Party Information

Parent/Guardian……

Contact Ph No……

Address:.....

…….....

Email:……..……..…….

Emergency Contact:.....Phone:.....Mobile…….....

Please note that the above required information is for purpose of emergency contact, Qld Gymnastics Association, Gymnastics Australia registration and online database requirements, including athlete transfer, debt collection agency, or as required by Varsity Gymnastics in the event of an accident to advice the appropriate departments, (ie ambulance, hospital)

Class/Day Time Attending……

2nd day preference:.....

3rd day preference:.....

Signature (legal parent or legal guardian of the registered)

Dated this day of 20__

……

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As the legal parent/guardian of the abovementioned student, (as on page 1) I/We give my/our permission for my child to receive whatever emergency medical care may be deemed necessary by Varsity Gymnastics personnel for the treatment of any injury that may be incurred while in the activity or as spectator of Varsity gymnastics on premises or elsewhere.

I/We understand that Varsity Gymnastics will make every effort to contact me/us or my emergency contact before or immediately after such emergency treatment is rendered to my/our child.

Varsity Gymnastics provides gymnastics training on professional gymnastics apparatus. Our equipment is so constructed with protective mats so situated as to reduce the possibility of serious injury to as great a degree as possible. Our staff is trained in gymnastics safety techniques through Queensland and Australian Gymnastics Associations to provide the maximum of protection for your child whilst in our care. Even with all of these safeguards injuries can occur.

As a parent or legal guardian of the above named student I/We fully understand the risks involved in my/our child's participation in the sport of gymnastics. The risk of injury includes minor injuries such as bruises and more serious injuries such as muscle pulls, dislocations and broken bones, fatalities. To the best of my/our knowledge my/our child has no medical conditions which would conflict with him/her participating in the gymnastics training inclusive of all disciplines of gymnastics at Varsity Gymnastics.

I/We further agree to waive the right to press legal charges against Varsity Gymnastics its officers and staff, in those circumstances where any of the above have not clearly demonstrated negligence leading to injury of the above named student.

RESPONSIBILITY OF THE PARTICIPANT/ PARENT/LEGAL GUARDIAN

I/We further understand that the pre-payment of the yearly membership to enrol my/our child in Varsity Gymnastics is inclusive of insurance for my/our child through the Australian Gymnastics Association insurance policy. I understand and agree that payment of the yearly membership is non transferable, non refundable and payable at the time of registration- as hereby dated.

I have carefully read and reviewed Varsity Gymnastics Rules and Regulations documents including registration, schedule fees and payments policy, and understand that the rules and policies are readily available on www.varsitygymnastics.com.au and are re-viewed and updated by Varsity Gymnastics from time to time. Therefore I understand my responsibilities to review the rules and policies each new gymnastics term, being approximately 4 x a year.

I understand that I will pay all membership and class fees to Varsity Gymnastics in their entirety prior to classes commencing as hereby dated. I further understand that Transfers will be declined from Varsity Gymnastics to any other Gymnastics Australia registered facility if for any reason I Cancel placement in the Varsity Gymnastics programs, of which I understand that 2 weeks written notice must be given to Varsity Gymnastics of the cancellation and I will also forfeit an additional 2 weeks fees for administration costs in addition to term fees in their entirety.

In addition I understand if fees, membership, payment of any services, goods, competitions, goods or otherwise have not been paid for in full by me/us as legal parent/guardian of the above mentioned student to the satisfaction of Varsity Gymnastics, I understand and agree to pay for any fees associated with the employment of an agent as deemed necessary by Varsity Gymnastics to finalize the collection of such outstanding fees and or debts to Varsity Gymnastics.

Signature (legal parent or legal guardian of the registered)

Dated this day of 20__

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