

## 2019 ENROLMENT FORM

Gymnasts Details			
Surname		First Name	
Date Of Birth		Gender	M / F
Kindergarten/School			
Enquiry Source? (Google, Friend etc)			
Class day and Time/s			
Membership Number (Office Use Only)		iClass	

### Parent/Guardian Information

Primary Contact Details.			
Surname		First Name	
Street Address			
Suburb		Post Code	
Relationship to participant			
Email Address			
Preferred Contact Number		Second Contact Number	
Secondary Contact Details.			
Surname		First Name	
Street Address			
Suburb		Post Code	
Relationship to participant			
Email Address			
Preferred Contact Number		Second Contact Number	
Emergency Contact Details: Person to be contacted if Parent/Guardian is unreachable			
Full Name			
Contact Number		Relationship to participant	
Medical Details			

Please provide details of any medical, physical or intellectual conditions that may affect the participants ability, safety or behaviour in class:

Does the participant require any support or behaviour strategies that the coach needs to be aware of:  
 E.g.: My child lacks confidence in starting new activities, having a coach encourage her in warm up will help.

Medication we should be aware of:  
 Please ensure that the Gymnast has enough medication with himself/herself and is able to self-administrate this medication when necessary.

Diagnosed with any of the following

- Asthma .....
  - Epilepsy .....
  - Diabetes .....
  - Allergies .....
  - Anaphylaxis YES/NO .....
- PLEASE ATTACH ACTION MANAGEMENT PLAN TO ENROLEMENT FORM

Family Doctors Name:

Contact Number:

Gymnast Medicare Number:  
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In Ambulance Fund? YES / NO  
 IN CASE OF SERIOUS EMERGENCY AN  
 AMBULANCE WILL BE CALLED

Is there any custody arrangements of which the club should be aware of? YES / NO

I HEREBY APPLY FOR MY CHILD TO BE AN ENROLLED MEMBER OF PULSE GYMNASTICS AND ACCEPT THE POLICIES AND PROCEDURES, AND TERMS AND CONDITIONS.

YES / NO	I have read and understand the 2019 Fee Policy and agree with the conditions
YES / NO	I Have read and understand the 2019 Gym Rules and will ensure my child knows them
YES / NO	I give permission for my child's photograph to be used by Pulse Gymnastics for display posters, advertising, website; Facebook page and Instagram Account

I hereby certify that I am the Parent/Guardian of the above child/children. I understand the risks involved in participating in a gymnastics program and give my consent for my child to participate in gymnastics training conducted by Pulse Gymnastics. I recognise that Pulse Gymnastics will not accept liability for any injury or accident suffered by myself/my child whilst participating in the centre's activities. Pulse Gymnastics will not hesitate to call an ambulance for any serious injury. All charges required for seeking medical attention are the responsibility of the parents/guardian.

Name:..... Signature:.....

Date:.....