



Holiday Program Enrolment Form 2019

Carmel & Co Gymnastics, 28 Sunset Ave, Barrack Heights, 2528
www.carmelandcogymnastics.com.au info@carmelandcogymnastics.com.au
Ph: (02) 4297 4400

Childs Name: Female / Male

Date Of Birth:(Age Today:) Today's Date:

Address:

..... Postcode:

Email Address*:

* (Your email is for communication purposes and will not be given to anyone else. Please read out privacy policy)

Primary School Attending:

Parent/Guardian Details:

Mothers Name: Fathers Name:

Home Number: Home Number:

Work Number: Work Number:

Mobile Number: Mobile Number:

Work Place: Work Place:

Occupation: Occupation:

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

If yes, please provide relevant details and court orders if applicable (can also use separate paper):

.....
.....

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

Emergency Contact

(Other than Parents listed above. This is a person who can sign your child in and out)

Emergency Contact Name: Phone:

Relationship to Gymnast:

Medical Details

(Please attach separate sheet if insufficient space)

Medical History of gymnast (e.g. broken arms, torn ligaments etc):.....

.....

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

.....

.....

Medication/Treatment:.....

(Please Turn over)

Doctors Name: Phone:

Address:

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 Carmel & Co Gymnastics, to seek medical intervention (including treatment, emergency transport, hospitalization, anaesthesia, and medication) in the event of any accident, mishap or illness during my child's participation in Holiday activities. I understand that these services will be sought at my expense and as deemed necessary and / or appropriate by the coaching team of Carmel & Co Gymnastics.

Do you give permission for your child to be administered the following in the event of pain / nausea:

Panadol Y / N **Signed:** (Parent/ Guardian) **Date:**

Carmel & Co Privacy Policy - Carmel & Co Gymnastics is committed to protecting your privacy. We will collect, use, disclose and hold personal information in accordance with the privacy act 1998 (the act). For further details, you can contact the office on 4297 4400. Please note that this information will be available to Carmel & Co staff members in full.

Fee Payment Policy - All Holiday Program sessions booked are required to be paid in full prior to their first attendance. Bookings that have been made either by our website, or in person, are automatically cancelled if payment has not been received 24 prior to your Child's first attendance.

Refunds will not be given if your child cannot attend, however we will try to offer a make up session within that Vacation Period. Credit or Refunds will not be given in the event of a Natural Disaster (Flood, Storm, Cyclone etc)

Sign in and out - Parents will be required to sign their children in and out of the Holiday Program, and Adults other than those listed on this form will not be permitted to collect children for the centre.

Cancellation - In the event that Carmel & Co Gymnastics cancel a holiday Session, a full refund, or credit will be given.

Holiday Program Parent Handbook - By signing below, you acknowledge that you have read the Holiday Program Parent Handbook and understand the code of behaviour for participants, the fee payment policy, gym safety rules, administering medication requirements and exclusion from program if your child is suspected of having an infectious disease.

Parent/Guardians Name: Signed:

Date: