



## Carmel & Co Adult Enrolment Form – 2019

(Participants under 18 years of age must have a parent or guardian complete a regular enrolment form, not an adult enrolment form)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age today: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I understand answering the following is necessary for me to be assessed and thus enable me to participate in a program of Gymnastics exercise/ and the learning of gymnastics skills at this gymnastics club. I believe myself to be fit enough to undertake a gymnastics lesson and I agree not to hold Carmel & Co Gymnastics club liable in any way.

**Do you exercise regularly?** Yes                      No      {Please circle one}

If yes: Type of Activity: \_\_\_\_\_ How Long (each session) \_\_\_\_\_

How often: (Times per week) \_\_\_\_\_ For the past \_\_\_\_\_ weeks/Months

If currently employed does your job give you any exercise? Yes      No      Not Applicable

If yes , Type: \_\_\_\_\_

Please tick any of the following if applicable:

Heart Problems	yes	no	High Blood Pressure	yes	no
Family History of heart disease	yes	no	Low Blood Pressure	yes	no
Asthma	Yes	no	Recent Surgery	yes	no
Diabetes	Yes	no	Back / Neck Problems	yes	no
Epilepsy	Yes	no	Other Joint Problems	yes	no
Anxiety / stress	Yes	no	Currently Dieting/Fasting	yes	no
Smoker	Yes	no			
Pregnant/ Recently Pregnant	Yes	No			

INJURIES: (Type & Date) \_\_\_\_\_

Medication: (type & effects they have on exercise performance) \_\_\_\_\_

Other Illnesses or problems not listed above \_\_\_\_\_

What do you wish to achieve by participating in Adult Gymnastics? (please circle)

Heart Lung Fitness	yes	no	Strength / Flexibility	yes	no
Weight Loss	yes	no	Improve Health	yes	no
Increase energy	yes	no	Sport	yes	no
Muscle shape	yes	no	Social / for fun	yes	no
Other _____					

How did you hear about Carmel & Co Gymnastics Adult Class? \_\_\_\_\_

PLEASE advise us of any future changes to your health status above. Thank you for taking the time to complete this Questionnaire

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Turn over)

## Fees Policy

***For permanent bookings***, term fees must be paid in full in the first 2 weeks of term for all new and existing members. Failure to do so will result in additional account keeping fees and you will not be able to attend gym until all outstanding fees are paid. Carmel and Co Gymnastics encourages all Gymnasts to pay term fees in full ***before*** the term commences and doing so will attract a 10% discount. Once you are 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 20% admin fee, will only be provided upon receipt of a doctor's certificate.

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 Carmel & Co gymnastics in doing so will be passed on in the form of additional fees.

***For Casual visitors***, the class fee must be paid at the beginning of each class. On your second visit, your annual registration fee must also be paid. This covers your membership with Gymnastics Australia, and your insurance. You will not be permitted to train unless it is paid.

I have read and understand the fees policy.

Signed: ..... Date: .....