



# Enrolment Form 2012

Carmel & Co Gymnastics, 28 Sunset Ave, Barrack Heights, 2528  
www.carmelandcogymnastics.com.au info@carmelandcogymnastics.com.au  
Ph: (02) 4297 4400 Fax: (02) 4295 6775

Surname: ..... First Name: ..... Date of Birth: ..... IMIS #: .....  
(Office use only)

Gymnasts 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)  
School Attending: .....  
Days Attending Gymnastics (please circle): *Mon Tue Wed Thu Fri Sat*  
Class Type (please circle below):  
*Kindergym, Kindy Kids, Recreational, Levels, Tumble, Trampoline, Cheer*  
Level (competitive Gymnastics only): ..... Hours Training per week: .....

### 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 (can also use separate paper):* .....  
*Can we use photos of your child in club promotions (eg in reception, newsletters, website etc)? Y / N*

### Emergency and Medical Details

(Please attach separate sheet if insufficient space)

Emergency Contact Name: ..... Phone: .....  
Relationship to Gymnast: .....  
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, 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 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 Statement—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.

**Fees Policy** (please read carefully)

**Full term fees must be paid in full in the first 2 weeks of term** for all new and existing members (new members pay pro-rata for the remainder of term on their second visit) Failure to do so will result in additional account keeping fees and your child may not be able to attend gym until all outstanding fees are paid. Carmel and Co Gymnastics encourages all parents to pay term fees in full **before** the term commences and doing so will attract a 10% discount. (The date the discount expires is given on invoices handed out in the previous term, and may be 2 weeks earlier in term 1 depending on the program your child is enrolled in)

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 20% 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 the 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 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 Carmel & Co gymnastics in doing so will be passed on in the form of additional fees.

I have read and understand the fees policy.

Parent/Guardians Name: ..... Signed:.....

Date: .....