STEP UP GYMNASTICS

Childs' Name:_____

Step Up Gymnastics Registration Form

Childs Details			
Child's First Name:	(please tick) **Male ☐** **Female ☐**	**Date of Birth:**	**Age:**
Middle Name:		**Year Level:**	
Child's Surname:		**School:**	
Child's Address:			
Postal Address (if different from above):			
Previous Gymnastics Experience - Please detail:			

My child will be attending (please circle).				
Gymnastics	**Squad/Performance Team**	**Gym Tots**	**Boxing**	**Weightlifting**

Preferred Days of Attendance (please circle)					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		GymTots 10:15-11am			By appointment
Gymnastics	Gymnastics	Gymnastics		Gymnastics	
3:30-4:30	3:30-5:00	3:30-4:30	Weightlifting 3:30-4:30	3:30-4:30	
4:30-6:30	5:00-7:00	4:30-6:30	Boxing 4:30-5:10	4:30-6:30	

First Parent/Guardian	**Second Parent/Guardian**
First Name	First Name
Surname	Surname
Relationship to Child	Relationship to Child
Licence Number	Licence Number
Occupation	Occupation
Street Number/Name	Street Number/Name
Suburb	Suburb
Postcode	Postcode
Mobile Phone	Mobile Phone
Work Phone	Work Phone
Email	Email

Childs' Name:_____

ADDITIONAL CONTACTS FOR EMERGENCIES:

Please list at least **two Adults**, other than yourself that can collect your child in the event we are unable to contact either Parent/Guardian.

*Children will only be released into the care of persons listed in writing. Proof of identity will be asked when children are collected by persons unknown to staff.

Name	Relationship to child	Address	Phone
1			(H) (W) (Mob)
2			(H) (W) (Mob)

ALLERGIES / MEDICATION CONSIDERATIONS:

1. Does your child have or had Asthma/Allergies/Seizures? (please tick) Yes ☐ No ☐

Please specify _____

Treatment _____

2. Does your child have a Disability/Special Needs? (please tick) Yes ☐ No ☐

Please specify__ _____

_____

Any other comments regarding your child's health and requirements:

_____

_____

_____

Please note: If your child has a long term illness eg., epilepsy, asthma, severe allergies, or disabilities, Step Up Gymnastics requires a ***Management Plan*** from your Doctor detailing medication and its administration, and procedures for emergencies.

I understand that the term coaching fees are due by *week one(1)* of the term and agree to pay them by the due date. I hereby agree to abide by all the rules and regulations of the club.

Signature

Your Name _____**Date**_____/_____/_____

Childs' Name:_____

LEGAL & CUSTODY ARRANGEMENTS

Should your child/children be named in any legal document that refers to Custody arrangements or protected by a restraining order, Step Up Gymnastics will require a copy of these documents. (Family Law Act 1975)

Court Order: Yes ☐ No ☐ Restraining/Domestic Violence Order: Yes ☐ No ☐

Please note: If there are any relevant custody issues, please attach details and documentation.

Is your child/guardian of Aboriginal or Torres Straight Island Descent? **Yes ☐ No ☐**

~ AUTHORISATION IS REQUIRED FOR THE FOLLOWING ACTIONS ~

**** PERMISSION TO PHOTOGRAPH CHILD/CHILDREN:**

I hereby authorise staff and representatives of Step Up Gymnastics to photograph my child/children for display within the Service. Photographs may also be used for advertising purposes, (displayed in general public).

Photographs displayed in the Service **Yes ☐ No ☐**

Photographs displayed in Public **Yes ☐ No ☐**

Signed _____ **Date** _____

**** PERMISSION FOR STAFF TO ACT IN CASE OF EMERGENCY:**

I hereby authorise the staff of Step Up Gymnastics to seek emergency medical treatment for my child should this be considered necessary and agree to pay such costs.

Signed _____ **Date** _____ ____

OFFICE USE ONLY

SEMESTER/YEAR	T1_2024	T2_2024	T3_2024	T4_2024	T1_2025
GYMSPORT					
LEVEL					
CLASS					
MEDICAL/ALERT					
INITAL					

Coaches Signature and Date_____

Childs' Name:_____

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~ ENROLMENT AGREEMENT ~

In consideration of enrolling my child _____ in Step Up Gymnastics

1. I/We understand that, if, in case of sudden illness or an accident, the Parents cannot be contacted, the Head Couch as agent for the parents, shall have discretionary power to seek immediate medical attention, and that any costs incurred, will be borne by us the parents/guardians.
2. I/We agree to keep my child/children at home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or staff.
3. I/We understand that unacceptable behaviour of my child may result in a warning, and may eventually lead to suspension in accordance with our policy.
4. I/We agree to notify the Head Coach promptly of any absences.
5. I/We will ensure that my child is brought to the Service by a responsible person and taken to the Session Coach or other appropriate service staff person.
6. I/We will ensure that my child is collected by a responsible person at the end of class. I/We will make every effort to inform the Coach of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded, collecting my child.
7. I/We understand and accept that fees must be paid in advance, that the normal fees will be payable at all times including absence of my child for sickness, holidays or any other reason unless approved arrangements are made to the contrary. I/We understand that if fees are not paid, my child's continued enrolment at Step Up Gymnastics cannot be guaranteed.
8. I/We agree to, on termination of my child's enrolment at Step Up Gymnastics, provide two weeks' notice and to pay in full, any amounts due to Step Up Gymnastics.
9. I/We agree to notify the Coach immediately of any change in emergency contacts, addresses and/or telephone numbers.
10. I/We have read the Parent Handbook about Step Up Gymnastics and agree to co-operate in all things to the best of my/our ability. I/we have visited the gym and discussed with the Coach the enrolment of my child and I/We understand the importance of family co-operation and agree to participate when possible, in the activities of Step Up Gymnastics. I/We agree to be bound by the Constitution/Rules and/or any by-laws of the Centre/Association.

Name	_____	**Name**	_____
Signature	_____	Signature	_____
Date	_____	Date	_____