

Class/Level

AGE: 2012

[www.pearlcoastgymnastics.com.au](http://www.pearlcoastgymnastics.com.au)

PO Box 6362  
Broome WA 6725  
ABN 12425896793



Go for 2&5  
FRUIT VEG

Please complete both sides of the Registration Form

## MEMBERS REGISTRATION FORM

Registration No:

### Contact Details

#### Gymnast Information:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male / Female

P O Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

#### Parent/Guardian Information:

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Phone: Home \_\_\_\_\_

Mob: \_\_\_\_\_

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

Emergency Contact Name & No:

\_\_\_\_\_

\_\_\_\_\_

### Gymnasts Medical History

Please provide details of any medical, physical or intellectual condition that may have a bearing on your child's ability, safety or behaviour in class. *(All information is kept strictly confidential)*

Is your child on any medication, which we should be aware of? Yes / No *(please specify)*

Does your child suffer from any allergies (i.e. Medical, bee sting)? Yes / No *(please specify)*

<b>Terms and Conditions</b>	<b>YES</b> Please initial	<b>NO</b> Please initial
I give permission for images of my child to be acquired by a sanctioned photographer while participating in any Club activities. I consent for the images to be used for publicity if required.		
I give my permission for my child to receive medical/ambulance assistance in case of emergency and agree to pay such costs incurred.		
I understand that I may access my child's personal information held by the Club upon request.		
I understand a formal registration policy is recorded and is available upon request.		
The information provided on this form is complete and correct to the best of my knowledge and I undertake to advise the Club promptly of any changes that may occur.		
I have read and understand this enrolment application and Club rules and agree to the terms and conditions stated therein.		

I hereby declare that I have read and understand the rules of Pearl Coast Gymnastics Club Inc. Broome and agree to pay all fees and charges prescribed by them, including affiliation fees with the State Association (Gym WA). Term fees are payable by *week three of each term* and the Annual Affiliation Fee is payable prior to commence of any gymnastics program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***CLUB USE ONLY***

	<b>Term One</b>	<b>Term Two</b>	<b>Term Three</b>	<b>Term Four</b>
<b>Affiliation Fee</b>				
<b>Term Fee</b>				
<b>Date</b>				
<b><i>PAYMENT TYPE</i></b>				
<b>Class/Level</b>				

# PHOTOGRAPH PERMISSION FORM

## Athlete over 18 years

I (Athlete) \_\_\_\_\_

Club: PEARL COAST GYMNASTICS CLUB BROOME INC.

give permission for my photograph to be taken / to be videoed at all Gymnastics WA events and competitions that I compete in during 2012.

\_\_\_\_\_  
Athlete Signature

\_\_\_\_\_  
Date

## Athlete under 18 years

I (Parent) \_\_\_\_\_

Of (Athlete) \_\_\_\_\_

Club: PEARL COAST GYMNASTICS CLUB BROOME INC.

give permission for my child's photograph to be taken / to be videoed at all Gymnastics WA events and competitions that he/she competes in during 2012.

\_\_\_\_\_  
Parent / Guardians Signature (If under 18)

\_\_\_\_\_  
Date



Department of  
Sport and Recreation

