

# SUNSHINE COAST GYMNASTICS ACADEMY

## 2018 Enrolment and Membership Form

### PARTICIPANT DETAILS

Gymnast Name: \_\_\_\_\_ D. O. B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Gender: Male/Female

Email (Required): \_\_\_\_\_ Phone: \_\_\_\_\_

Do you identify as Aboriginal or Torres Strait Islander: Yes/No

Have you done gymnastics before: Yes/No This Year/Previous Years Specify Club: \_\_\_\_\_

### PARENT/GUARDIAN/EMERGENCY CONTACT DETAILS

Primary Contact: \_\_\_\_\_

Relationship to Gymnast: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Relationship to Gymnast: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (Mobile) \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Are there any special custody arrangements that we should be aware of? Yes/No If yes, provide details: \_\_\_\_\_

### MEDICAL INFORMATION

Is the participant affected by any of the following conditions:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Autism          | <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Hypermobility             | <input type="checkbox"/> Physical Disability     |
| <input type="checkbox"/> Low Muscle Tone | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Allergy                   | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Hearing/Vision Impairment | <input type="checkbox"/> Other                   |

Please provide any relevant information about the above that may assist during class or during a medical emergency: \_\_\_\_\_

### GENERAL INFORMATION

How did you find out about Sunshine Coast Gymnastics Academy?

- |                                   |   |  |                                  |
|-----------------------------------|---|--|----------------------------------|
| <input type="checkbox"/> Google   | <input type="checkbox"/> Facebook         | <input type="checkbox"/> Advertising         | <input type="checkbox"/> Website |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> School/Childcare | <input type="checkbox"/> Referral (specify): |                                  |

Are you interested in joining the Sunshine Coast Gymnastics Academy Committee? Yes/No/Maybe

Are you able to volunteer your time to help with any of the following:

- |                                       |                                     |                                     |                                    |
|---------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Lawnmowing   | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Accounting | <input type="checkbox"/> Cleaning  |
| <input type="checkbox"/> Event Set-Up | <input type="checkbox"/> IT Support | <input type="checkbox"/> Website    | <input type="checkbox"/> Handywork |

What is your occupation? \_\_\_\_\_

Are you interested in becoming a coach or judge? Yes/No/Maybe

Are you or your child interested in competitive or display gymnastics or trampoline? Yes/No



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## Please read the following terms and conditions for participating in activities at Sunshine Coast Gymnastics Academy Inc. (SCGA) and sign to accept your acknowledgement:

**1 Assumption of Risk** Participation in physical activities can involve motion, rotation and height in a unique environment. The undersigned and the participant(s) choose to voluntarily enter the premises under the control of SCGA, knowing their present condition and knowing that said condition may become more hazardous or dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned, or any property owned by them while on or upon said premises described above. SCGA holds insurance for the participant(s), however the existence of insurance shall not change, alter, or increase the liability of SCGA to the participant and the undersigned, or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a. That he/she has thoroughly read and understands completely the terms of Registration and Release and signs it voluntarily.
- b. That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

**2 Medical Release:** The undersigned gives permission for SCGA committee, officers, employees, and/or volunteers to seek emergency medical treatment for either the participant or the undersigned in the event of an emergency and/or they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

**3 Marketing Release** The undersigned accepts that the participant's image may be used in SCGA's advertising, promotional videos website material, media releases and various other marketing materials. These images will be used for SCGA's purposes only, and will not be given or sold to outside companies or individuals without prior consent. If the undersigned does not wish for the participants image to be used for promotional purposes, they are required to contact the administration office and complete a non-consent form.

### 4 Payment Information

- a. **Membership Fees:** There is a membership and insurance fee payable at the time of registration each calendar year. All participants must be club members at the time of commencement. Membership permits one vote at the Annual General Meeting and special meetings for club business. This fee incorporates fees that are paid to Gymnastics Queensland for insurance, technical membership and affiliation fees. These fees are paid by SCGA, based on the number of annual club memberships. No refunds will be given unless special permission is granted by the SCGA committee and Gymnastics Queensland.
- b. **Tuition Fees** Tuition Fees are due prior to participation in classes each term. Participants may be excluded from classes, competition: and club activities if fees are not paid. If you are unable to pay your fees you MUST contact SCGA to discuss payment arrangements to avoid exclusion from classes. All members are entitled to use a direct debit payment plan to pay fees. Where a payment plan is in place fees must be kept to a minimum of one week in advance. Competitive gymnasts will be automatically enrolled into the following term and invoiced four times per year based on 12 week blocks to incorporate holiday training. Recreational gymnasts are enrolled on a per term basis based on the Queensland public school terms. Gymnasts must reenrol and pay a 50% deposit by the end of each term to secure their position in class. Failure to reenrol and pay a deposit may result in the loss of a position in class. An equipment levy of \$15 per participant is payable upon participation in any term, or part thereof. No refunds will be given unless special permission is granted by the committee.
- c. **Missed Lessons:** Make-up lessons may only be offered for lessons missed due to medical circumstances where there are vacancies existing class. Where an alternative lesson is not available, a credit will only be applied to the participant's account where a medical certificate is provided.

**SCGA REQUIRES FOUR (4) WEEKS WRITTEN NOTICE OF INTENT TO DISCONTINUE PARTICIPATION IN CLASSES**

**5 Privacy** The personal information provided by you on this form will be used and stored in accordance with the National Privacy Act 1998

### Acknowledgement:

The undersigned declares that:

- The information provided on this form is complete and correct to the best of my knowledge and I will undertake to advise SCGA promptly of any changes that may occur.
- I have read and understood this enrolment application and SCGA club rules and agree to the terms and conditions stated therein.
- I have read, understand, and agree to adhere to the SCGA communications policy and the SCGA code of conduct policy.

Participants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian to sign if under 18): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_