

MITCHAM RHYTHMIC GYMNASTIC CLUB INC.



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2024 ENROLMENT FORM

SURNAME _____ GYMNAST NAME _____

ADDRESS _____ POST CODE _____

TELEPHONE _____ DATE OF BIRTH _____

EMAIL _____

Note: Correspondence will be sent via Email

EMERGENCY CONTACTS: (Parent, Guardian, Caregiver or Relative to be contacted during training times)

1. Name _____ Relationship to gymnast _____

Phone _____ Mobile _____

2. Name _____ Relationship to gymnast _____

Phone _____ Mobile _____

Do you give the Club permission to use your child's name and/or photo, for example in newspaper articles, promotional material or on the club website and/or Facebook page?

YES / NO

Do you give the Club permission to take video or DVD of your child whilst participating in a Club Display or representing the Club at an Upgrade or Competition?

YES / NO

If you are new to the Club, how did you first hear about us? _____

Are you transferring from another club? YES/ NO If Yes, which club? _____

Name of Parent or Guardian, and address for account purposes (if different from above)

By joining Mitcham Rhythmic Gymnastic Club I acknowledge that my daughter will also become a member of Gymnastics Australia and Gymnastics SA and will be bound by all rules, regulations, policies and procedures of Gymnastics Australia and Gymnastics SA.

Signature _____ Date _____

MEDICAL INFORMATION

This information will be kept in the strictest confidence.

Does your child have any of the following conditions?

Circle
One

If yes, please give details including special instructions. If medication is required please send with gymnast labelled clearly including dosage.

Please provide a copy of a Health Care Plan if your child has any of the following conditions.

Convulsions/Seizures (eg Epilepsy)	Yes / No	
Asthma or other chest problems (If yes, please describe action required)	Yes / No	
Allergies (If yes, please describe action required)	Yes / No	
Diabetes (If yes, please describe action required)	Yes / No	
Vision problems	Yes / No	
Ear/Hearing problems	Yes / No	
Other relevant conditions / injuries	Yes / No	
Current medication	Yes / No	

Is there any other information that may be relevant to the health or well being of the gymnast during gymnastic sessions, training or activities or any emergency that may arise?

Note: It is your responsibility to advise the Club or your child's Coach if any of the above medical information or contact details change.