

Please use clear block letters

Child: Surname: _____ **First Name:** _____

Date of Birth: _____ **M/F:** _____ **Gym NSW ID (Staff Use):** _ _ _ _ _

Address: _____

Suburb: _____ **Postcode:** _____

Allergies, Medication or Medical Conditions (please list): _____

Class: _____ **Day:** _____ **Time:** _____

Name of attending parent/carer: _____ **Mobile:** _____

Relationship to student: _____

Primary Parent / Carer:

Full Name: _____ **Relationship:** _____

Home Phone: _____ **Work:** _____ **Mobile:** _____

Email: _____

Emergency Contact Name (if different): _____ **Contact Number:** _____

Relationship to student: _____

How did you hear about us? _____

Fee Policy:

Term fee's need to be paid prior commencement of term. Class sizes are limited and your spot is only secured with full payment. Failure to pay may result in losing your spot. Gymnastics Australia registration, insurance and LCGC membership is non-refundable or transferrable. Term fees are non-refundable

Disclaimer:

All precautions will be taken to prevent accidents. However, gymnastics is a dangerous sport. Participants take part at their own risk, and the risks involved in such a program are fully understood by me and my child. I hereby release all rights and claims for damages that I/ we have at any time against Lane Cove Gymnastics Club, and its representatives, whether paid or volunteer, for any injuries or damages in connection with the gymnastics program or other activities related to Lane Cove Gymnastics Club.

I accept and agree to all the Term & Conditions set by Lane Cove Gymnastics Club.

Name: _____ **Date:** _____

Signature: _____

