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## **Registration Form for So Fun Gymnastics Term 2 2021**

Gymnast Name 1: \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ M/F

Gymnast Name 2: \_\_\_\_\_ D.O.B \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ M/F

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

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ **Email** \_\_\_\_\_

**Parent / Carer 1:**

**Parent / Carer 2 :**

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Medical Details:** E.G. Allergies, Injuries, Medical Conditions. Medical history.

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**Emergency Contact:** other than parent / guardian: e.g.. ( friend,grandparent)

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

Phone: \_\_\_\_\_ Relationships to gymnast \_\_\_\_\_

**Days attending Gymnastics:** (please circle) Mon Tue Wed Thur Fri Sat

**Class Type:** (please circle) KindyGym , Fun Gym Levels 1,2,3 Boys / Girls 1 hr ,

Level 1,2 3 Girls / boys 2 hrs , Competition Boys / Girls ,

Special Olympics , Team Gym

\*\*\*\*\*Please turn over for 2<sup>nd</sup> page and signature\*\*\*\*\*

**Medical Agreement:**

I hereby consent to Gymnast(s) named on front page of this form participating in club activities, Agree to simple first aid being provided to all minor injuries. I understand that every endeavor will be made to contact me ( or contacts) prior to any additional medical attention being sought. Where it is not practical to contact me, I hereby authorize the staff at So Fun Gymnastics to seek Medical intervention (including treatment, emergency transport, X-ray, hospitalization, anesthesia Medication) in the event of an accident, mishap or illness during my child’s participation in programs throughout the year. I understand that these services will be sought at my expense and as deemed Necessary and/or appropriate by the staff of So Fun Gymnastics.

**Media Release:** YES / NO

I agree to So Fun Gymnastics using photos and video footage of my child in Staff training and club Promotions. (I.e. in photos on display at the gym, website or Fb )

**General Terms & Conditions:**

I have read So Fun Gymnastics General Terms and conditions (displayed on the wall at gym) and Understand that violation of the club’s regulations may result in dismissal from the program. Parents / caregivers are only permitted to sit and watch with our quite (no speaking policy). This ensures full concentration by the students and coaches.

**Fee’s Policy:**

Term fee’s need to be paid prior to commencement of the term. Class sizes are limited and your spot is only secure with full payment. Failure to pay may result in losing your spot.

**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 are fully understood by my child and me. I hereby release all rights sand claims for damages that I/we have at anytime against So Fun Gymnastics, And it’s representatives, whether paid or volunteer, for any injuries or damages in connection with the gymnastics program or other activities related to So Fun Gymnastics.

**Club / NSW Registration Fee:**

An annual club registration fee covers gymnasts for non-Medicare covered personal insurance costs And allows gymnasts to compete in NSW and Australian gymnastics events.

**I accept and agree to all the Terms and Conditions set by So Fun Gymnastics.**

**Registration Club and Gymnastics NSW /Australia**

**KindyGym - \$33 Inc GST . For Terms 2,3 & 4 ..... 2021**

**Fun Gym / Non Competitive - \$77 Inc GST . For Terms 2,3 & 4 ... 2021**

**Competition / Team Gymnastics - \$88. Inc GST . For Terms 2,3, & 4 .. 2021**

**Parent/Guardian Name \_\_\_\_\_ Signature\_\_\_\_\_**

**Date\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_**

Active Kids Voucher - Name \_\_\_\_\_

Active Kids Voucher Number ( 16 Digits ) \_ \_ \_ \_ \_

DOB ----- / ----- / -----

(Office use only) IMIS # .....