



2019 EKGA ENROLMENT FORM

SURNAME:

Please list all family members on one form.

Member 1	First Name:	D.O.B:	Age:	M / F
Medical History Please tick or list any medical conditions. If conditions don't apply, leave blank. <input type="checkbox"/> – Asthma I give permission for staff to administer Ventolin if required: YES / NO (if yes, please supply Asthma Management Plan) <input type="checkbox"/> – Anaphylaxis Epipen required: YES / NO (If yes, please supply Anaphylaxis Management Plan) Allergy resulting in anaphylaxis (please specify): _____ <input type="checkbox"/> – Epilepsy <input type="checkbox"/> – Developmental Delay <input type="checkbox"/> – Diabetes <input type="checkbox"/> – Intellectual Disability <input type="checkbox"/> – ASD/ADHD (Please circle) <input type="checkbox"/> – Glasses <input type="checkbox"/> – Band Aid Allergy <input type="checkbox"/> – Hearing Condition <input type="checkbox"/> – Prone to Nose Bleeds Broken Bones / Muscular Injuries / Weaknesses (please specify): _____ Behavioural Concerns: _____ Other information: (for example, is your child anxious, shy? Does your child have any learning aides or assistance at school?)				
Member 2	First Name:	D.O.B:	Age:	M / F
Medical History Please tick or list any medical conditions. If conditions don't apply, leave blank. <input type="checkbox"/> – Asthma I give permission for staff to administer Ventolin if required: YES / NO (if yes, please supply Asthma Management Plan) <input type="checkbox"/> – Anaphylaxis Epipen required: YES / NO (If yes, please supply Anaphylaxis Management Plan) Allergy resulting in anaphylaxis (please specify): _____ <input type="checkbox"/> – Epilepsy <input type="checkbox"/> – Developmental Delay <input type="checkbox"/> – Diabetes <input type="checkbox"/> – Intellectual Disability <input type="checkbox"/> – ASD/ADHD (Please circle) <input type="checkbox"/> – Glasses <input type="checkbox"/> – Band Aid Allergy <input type="checkbox"/> – Hearing Condition <input type="checkbox"/> – Prone to Nose Bleeds Broken Bones / Muscular Injuries / Weaknesses (please specify): _____ Behavioural Concerns: _____ Other information: (for example, is your child anxious, shy? Does your child have any learning aides or assistance at school?)				
Member 3	First Name:	D.O.B:	Age:	M / F
Medical History Please tick or list any medical conditions. If conditions don't apply, leave blank. <input type="checkbox"/> – Asthma I give permission for staff to administer Ventolin if required: YES / NO (if yes, please supply Asthma Management Plan) <input type="checkbox"/> – Anaphylaxis Epipen required: YES / NO (If yes, please supply Anaphylaxis Management Plan) Allergy resulting in anaphylaxis (please specify): _____ <input type="checkbox"/> – Epilepsy <input type="checkbox"/> – Developmental Delay <input type="checkbox"/> – Diabetes <input type="checkbox"/> – Intellectual Disability <input type="checkbox"/> – ASD/ADHD (Please circle) <input type="checkbox"/> – Glasses <input type="checkbox"/> – Band Aid Allergy <input type="checkbox"/> – Hearing Condition <input type="checkbox"/> – Prone to Nose Bleeds Broken Bones / Muscular Injuries / Weaknesses (please specify): _____ Behavioural Concerns: _____ Other information: (for example, is your child anxious, shy? Does your child have any learning aides or assistance at school?)				

Contact Names (Parents/Guardians/Spouse): _____

Address: _____ Suburb: _____

Postcode: _____ Telephone # (Home): _____ (Mobile): _____ (Work): _____

Kindergarten or School attending: _____

Email address for correspondence: _____

Any custody/family arrangements we should be aware of? **Yes / No** If yes, please detail below:

Ambulance Membership #: _____ () Included in Health Insurance / Healthcare card

Emergency Contact (other than the parent listed above)

Name: _____ Relationship to child: _____ Phone No: _____

I, the undersigned, agree that EKGA and its officers, staff and agents shall be released from, and shall not incur, any responsibility or liability whatsoever for any accident or injury to myself/my child. I further authorise you to obtain medical/ambulance assistance in the case of accident or emergency involving the member/myself and I agree to bear any cost thereby incurred. I understand all members of EKGA will be covered under the guidelines of the Gymnastics Australia Member Protection Policy and have been informed as to where I can locate information relevant to this policy.

I understand that children will only be supervised by EKGA staff during their scheduled class time. Children will not be supervised before or after the conclusion of the session they are booked in for. Parents are required to collect children at or before the set finishing time. Likewise, EKGA will not be responsible for gymnast's transport arrangements or their safety to or from classes or events.

I understand and agree to abide by and follow all club rules and policies including: *What to wear, Arrive on Time, Fee paying & Re-enrolment policy.*

I understand no positions are guaranteed without payment.

I give permission for photos / videos of my child to be used within the club and on club promotional material (i.e. the website, newsletters, notice boards, local paper, flyer etc.).

Signed: _____ Date: _____

PRIVACY POLICY

EKGA acknowledges and respects privacy of individuals. The information you have provided is for the purposes of processing your enrolment at EKGA, providing you with updated information and assisting us in improving our services to you. The personal information collected is of the participant /parents/guardians child enrolled. By completing this form, EKGA accepts that the participant /parents/guardians has given consent for this information to be collected. The intended recipients of this information are EKGA, its authorised staff, Gymnastics Victoria, Gymnastics Australia and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and the EKGA Privacy Policy. As part of your enrolment with EKGA, you will receive information regarding our programs and services. If you do not wish to receive this information please tick the "Opt Out" box below. Your name will be removed from the mailing list within a reasonable amount of time. []
- Opt Out

All sports have an inherent risk of injury, and gymnastics is no exception. The learning of and participation in the sport of gymnastics, by its very nature, contains an element of risk. Whilst all due care and caution, is undertaken to ensure the safety and well being of gymnasts under the care of EKGA, no liability is accepted for injuries sustained whilst under that care.

OFFICE USE ONLY

Details on Iclass ()

Details on GA ()