



**AIRBORNE GYMNASTICS**

ABN: 53 230 462 613 ACN: 109 647 350

**ENROLMENT FORM**

Welcome to Airborne Gymnastics. To enrol your child in any of our classes could you please fill in below the information and return to our office along with your term fees, membership and insurance to secure your child's spot.

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ REGO No. \_\_\_\_\_

1<sup>st</sup> Childs Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

2<sup>nd</sup> Childs Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

3<sup>rd</sup> Childs Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

4<sup>th</sup> Childs Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

5<sup>th</sup> Childs Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

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

Postal Address: \_\_\_\_\_ (or as above)

Telephone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

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

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

Emergency Phone: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

**Please ✓ class attending:**

**Recreational Classes**

- Play Gym / Kindergym (45 minute class)
- Tumblers (1 hour class)
- Flipsters (1½ hour class) Girls  Boys
- All-Stars (2 hour class) Girls  Boys

**Day/s Attending (please circle)**

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

**BOLTON PARK RECREATIONAL CENTRE MORGAN STREET (NEXT TO THE OASIS)**

**M:0439 429 733 E:AIRBORNEGYMNASTICSWAGGA@GMAIL.COM**

**FACEBOOK @AIRBORNE GYMNASTICS WWW.AIRBORNEGYMNASTICSWAGGA.COM**



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### PHYSICAL ACTIVITY QUESTIONNAIRE

If "YES" please initial write child's name and initial beside answer

1. Has your Doctor ever said your child has had heart trouble? YES / NO
2. Does your child frequently have pains in their heart or chest? YES / NO
3. Does your child often feel faint or have spells of severe dizziness? YES / NO
4. Has your Doctor ever said that your child's blood pressure was too high? YES / NO
5. Has your Doctor ever said that your child has a blood or joint problem such as Arthritis that has been aggravated by exercise or might be made worse with exercise? YES/NO
6. Is there a good physical reason not mentioned why your child should not take part in any physical activity? YES / NO
7. Does your child have any special medical condition/s that would prevent or limit their physical activity? YES / NO

### MEDICAL DETAILS (Please note: Will not affect acceptance of your child)

Medicare Number: \_\_\_\_\_

1. Is your child affected by any of the following? (Please tick ✓)

Asthma  Epilepsy  Frequent Headaches  Diabetes

Fainting Spells  Hearing Problems  Convulsions

2. Allergies (Please tick ✓) Hay Fever  Insect Stings/Bites  Penicillin

Any other allergies not listed? \_\_\_\_\_

3. Has your child been fully immunised?: YES / NO

4. Childs Medical Number

1<sup>st</sup> Childs Number \_\_\_\_\_ 4<sup>th</sup> Childs Number \_\_\_\_\_

2<sup>nd</sup> Childs Number \_\_\_\_\_ 5<sup>th</sup> Childs Number \_\_\_\_\_

3<sup>rd</sup> Childs Number \_\_\_\_\_

I agree to \_\_\_\_\_ (child's name) attending Airborne Gymnastics and will not hold Airborne, it's staff or volunteers responsible for any loss of property and/or accident. I also give my permission for medical / ambulance assistance in case of emergency and agree to pay such costs incurred. I understand that Airborne fees are non-refundable and that Airborne Gymnastics membership is a pre-requisite of participation.

I have read, understood and signed Airborne's Membership Terms and Conditions Statement form.

I give permission for my child to be photographed / videoed whilst participating in an activity. I give consent for the photos / videos and/or my child's name to be used for publicity if required, in both print and electronic form. YES / NO

Signature: \_\_\_\_\_ (must be 18 years or over) Date: \_\_\_\_\_

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



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### MEMBERSHIP TERMS AND CONDITIONS

Welcome to Airborne Gymnastics. Our centre has put together a document to explain our policies and procedures to ensure everyone is aware of them. Please return this signed Terms and Conditions document with your annual enrolment form.

#### **Payment**

Fee's can be paid by Eftpos, EFT, cash.

EFT Details are:

**Account name:** Airborne Gymnastics | **BSB:** 633 000 - **ACC:** 122 572 084

All fees are subject to a NSW Public School term. **THERE ARE NO REFUNDS ON TERM FEES.**

Only programs 3hrs+ in length per week are able to have a 21 day account from commencement of term.

**Any term fees not paid by the due date will incur a \$5.50 account keeping fee per week. If fees are still outstanding by the commencement of the next term gymnasts will not be allowed to participate in their class until past fees are paid in full.**

#### **Participation**

No gymnast is allowed to participate in any class until an annual enrolment form has been completed.

#### **Make Up Classes**

Make up classes are available between Weeks 3 and 9 and are subject to availability. No make up class can be made in the following term. Please remember that they are subject to availability and that we cannot overbook classes.

#### **Gym Rules**

- Only gymnasts registered for a class are permitted in the gym (under supervision of their coach)
- All gymnasts must be on a class roll to attend a class
- No parents are permitted in the gym unless they are attending a Kinder Gym or Kinder Rec class.
- No siblings are allowed in the gym unless attending their class
- All gymnasts, parents, carers and siblings must enter and exit the gym through the correct entrances
- No shoes are to be worn in the gym. Socks may be worn, but be warned they may be lost in the pit.
- Parents/Guardians **MUST** pick up their children from inside the gymnasium at the end of class.

Full details of our Club Rules and Policies can be found on our website at <http://www.airbornegymnastics.com.au> or in our Club Manual which is available for viewing in the office.

### **THESE RULES ARE FOR THE SAFETY OF YOURSELF AND YOUR CHILDREN**

#### **SICKNESS**

In the best interests of staff and patrons, a sick child will not be permitted in the gym. Children with the following illnesses are not permitted in our facility: Colds & Flus, Measles, Conjunctivitis, Chicken Pox, Ringworm, Head Lice and any other contagious illness or disease.

I have read the above and understand Airborne Gymnastics Terms and Conditions.

Signature parent/guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_