

Office Use Only:

Receipt No: _____

Class: _____ hours: _____

Registration Date: _____

I.D. Number: _____

2016 Registration Form

Gymnast Information:

Gymnast (Child) name: _____

Residential address: _____

Postal address: _____

Gymnast Date of birth: ____ / ____ / ____ Gender: M / F

Family Contact Details:

Mother's name: _____ (H) _____ (M) _____

E-mail: _____

Father's name: _____ (H) _____ (M) _____

E-mail: _____

Emergency contact other than that of the above: Name: _____

(H) _____ (M) _____

All communication is via email. Please ensure your email address is kept up to date throughout the year. Term newsletters can also be viewed on our website.

Relevant Medical Information:

No pain killers will be administered to your child at gym, however parents will be contacted by phone should the need arise.

Has your child ever been diagnosed with a behavior disorder or currently taking medication? If YES please indicate below and discuss this with the head coach.

In case of an accident or illness, if contact is not possible, an ambulance will be called & the coach will stay with your child until a family representative arrives. Continuous endeavours will be made to contact you.

Doctor: _____ Phone: _____

A formalized procedure is recorded and practiced should a gymnast be injured whilst training or competing. All injuries are documented and are reported to the parents. It is imperative that the club be advised of any conditions that may affect training in the best interest of your child.

Photography:

Gymnastics Queensland and Mossman & District Gymnastics Club are keen to promote the sport of Gymnastics. Photographs will occasionally be taken to promote achievements and capture images of gymnasts in training and/or competition. All photographs will be taken in accordance with Gymnastics Queensland Recorded Images Policy. Photographs will be used for media and promotional materials, publications, presentations, Facebook, social media and official websites. I understand that these photographs will be published in line with the guidance contained in the Recorded Images Policy on Use of Photographs and Recorded Images and on Use of Imagery on the internet.

Digital Photography (Please Circle): **OK / NOT OK**

Fee Schedule:

To participate with this club you will be asked to make the following payments

Registration fee of \$65 - One off payment covers Public Liability and Gymnast's Insurance with Gymnastics Qld. This must be paid prior to the first class lesson for insurance purposes. This fee is non-refundable.

Maintenance Levy of \$60 - Assists in covering the cost of maintenance and purchase of gymnastics equipment. A full refund will be given to any parent who volunteers a minimum of 6 hours at our various working bees or fundraisers. Parent must fill in maintenance record book to receive refund. This levy must be paid at registration.

Quarterly Term Fees – Term invoices will be issued to students via email during the first week of each term. Accounts must be paid within 14 days. All payments must be made directly into club bank account (Always use your CHILD'S NAME as a REFERENCE for online payments). Cash & Cheque payments can be deposited at the local Mossman branch of ANZ. (Please take your invoice # with you for reference). Fees must be paid in full before the student can attend the next term. If your child misses a lesson there will be no deduction in fees (Please refer to fees policy on our website at www.mossmangymnastics.com). Payment plans are available, however arrangements must be submitted to the accounts manager before the due date.

ANZ Bank Account Details: Mossman & District Gymnastics Club **BSB:** 014-663 **Acc No:** 2133-39534

**In the case of separated parents where an ex-spouse is nominated as the payer of the account, a separate agreement must be signed by both parties with the agreed arrangement clearly defined.

For all account inquiries please contact accounts@mossmangymnastics.com

I / We _____ agree to pay all fees in the timeframe specified and agree to the above terms and conditions.

Signed: _____ Date: ____ / ____ / ____

DECLARATION:

I / WE BEING THE PARENT(S) / LEGAL GUARDIAN OF THE GYMNAST NAMED IN THIS FORM DECLARE THE INFORMATION TO BE COMPLETE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND ACKNOWLEDGE THIS AND THE GRANTING OF PERMISSION FOR MATTERS DETAILED HEREIN BY OUR SIGNATURES APPEARING BELOW.

SIGNATURE" OF" PARENT(S)" /" LEGAL" GUARDIAN

NAME OF PARENT(S) / LEGAL GUARDIAN

____ / ____ / ____
DATE