



P.O. Box 262  
ULLADULLA  
NSW 2539

**Registration Form 2018**

**Gymnast Information:**

**Child 1:**

Gymnast's Name: \_\_\_\_\_ Female / Male

Date of Birth: \_\_\_\_\_

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

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

**Medical history:**

Please list any relevant medical conditions / allergies that the club should be aware of (including asthma, allergies): \_\_\_\_\_

Medications taken / carried: \_\_\_\_\_

Does your child have any Special Needs: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Health Fund: \_\_\_\_\_

Class:

Class	Day (Circle)	Time (Circle)
Kinder gym	Monday / Wednesday	10 am
Recreation	Monday	4pm <b>OR</b> 5pm
Boys	Monday	6pm
Trampoline	Monday	5pm <b>OR</b> 6pm
Snr / Adv Rec	Tuesday	4pm
Level 1/2	Tuesday	6pm-8pm
Levels 3+	Monday / Tuesday / Friday	6-7pm - 6-8pm - 4-7pm

**Child 2:**

Gymnast's Name: \_\_\_\_\_ Female / Male

Date of Birth: \_\_\_\_\_

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

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

**Medical history:**

Please list any relevant medical conditions / allergies that the club should be aware of (including asthma, allergies): \_\_\_\_\_

Medications taken / carried: \_\_\_\_\_

Does your child have any Special Needs: \_\_\_\_\_

Medicare No: \_\_\_\_\_

Health Fund: \_\_\_\_\_

Class:

Class	Day (Circle)	Time (Circle)
Kinder gym	Monday / Wednesday	10 am
Recreation	Monday	4pm <b>OR</b> 5pm
Boys	Monday	6pm
Trampoline	Monday	5pm <b>OR</b> 6pm
Snr / Adv Rec	Tuesday	4pm
Level 1/2	Tuesday	6pm-8pm
Levels 3+	Monday / Tuesday / Friday	6-7pm - 6-8pm - 4-7pm

**Please turn over**

Parent / Guardian Information:

Mother: \_\_\_\_\_  
Home No: \_\_\_\_\_  
Work No: \_\_\_\_\_  
Mobile No \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Father: \_\_\_\_\_  
Home No: \_\_\_\_\_  
Work No: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (if unable to contact parents)

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to Gymnast: \_\_\_\_\_

Are there any custody arrangements that the club should be aware of?

Yes / No

Arrangements \_\_\_\_\_

Ulladulla Gymnastics aim to send an email to all parents for any changes or information regarding classes. Please provide an email address(s) that is checked on a regular basis:

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

Do you give permission for the club to use photos and video footage of your child in club-promotions including in newsletters, advertising, and website?

Yes / No

Ulladulla gymnastics will not be held liable for any accidents that occur prior or after your child's gymnastics lesson.

Registrations costs which include insurance for the year are:

Kinder gym: \$55  
Recreational: \$55  
Snr/Adv Rec: \$55  
Boys: \$55  
Trampolining: \$55  
Levels: \$90

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

Registration Fee: \_\_\_\_\_

Paid: Yes / No

Date: \_\_\_\_\_

Child 1 IMIS #: \_\_\_\_\_

Child 2 IMIS #: \_\_\_\_\_ Initials: \_\_\_\_\_