

# JUNIOR GYMNASTICS ENROLMENT FORM Term 3 2024

SECTION 1:	Personal Details			
*If you have prev	viously enrolled in a term program, please fill out n	ame and any changes to con	tact details only*	
Child's Name:		D.O.B:	Age:	
Child's Name:		_ D.O.B:	Age:	
Child's Name:		_ D.O.B:	Age:	
Parent/Guardiar	n:	_		
Phone Number:		-		
Address:	<u> </u>	-		
Email:		-		
Emergency Contact Name:		Phone Number:		
(Must be different to the parent/guardian listed above)				

## SECTION 2: Medical Information

Does your child have any medical, physical or intellectual problems that may affect them during the program that we should be aware of?  Yes No Please provide details:				
Is your child currently taking any medication?				

### SECTION 3: Program Selection (Please circle)

	Trial Cost	Term Cost	CHILDREN ATTENDING	TOTAL \$
TUESDAY				
Group 1 (4-7yrs) 🗆	\$16.50	Pro rata	Child #1: Child #2: Child #3:	
Group 2 (7-11yrs) 🗆	\$16.50	Pro rata	Child #1: Child #2: Child #3:	

\* Program is subject to registration numbers & maximum participant numbers\*

#### SECTION 4: Background Information

Did you/your child participate in a program last term?  Yes  No				
How did you find out about this particular program? Please tick:				
Friend/Family	🗆 Flyer	$\Box$ Brochure from centre	□ School	□ Internet Research
Centre Website	□ Newspaper	□Yellow Pages	Centre display/poster	Fun Day/Holiday Clinic
Would you like to receive information on future programs run by City of Bayswater?  Yes  No				

#### SECTION 5: Conditions of enrolment

- I acknowledge that the term program consists of pro-rata session passes. Sessions may not be carried over onto the next term if participants cannot make the sessions. A written request for a credit or refund may be submitted and must include any supporting evidence (e.g. Medical Certificate). Approval is at the discretion of management. All refund and credit requested will be process at the end of the Term.
- One \$16.50 trial entry is allowed for participants' first session only. This is only allowed if there are spaces available based on capped numbers. Term enrolment is then to be paid (pro-rata) for the remaining weeks. Registration is not confirmed until payment of the full registration fee is received.
- If the class does not receive the minimum required number of enrolments, or an instructor becomes permanently unavailable to run the program, the class may be cancelled with any outstanding monies refunded or used as credit towards another program.
- In the case that an instructor is unavailable to run the program on a one-off basis, enrolment for that week may be transferred into another program but will not be refundable. A credit may be applied to the participants' account in this instance.
- It is the parent/guardian's responsibility for informing City of Bayswater staff in detail of any medical conditions that may affect my child/children's participation in the activity.
- In the event of an accident or illness suffered by the child/children, the organisers of Morley Sport & Recreation coaching programs are authorised to obtain, on my behalf, such medical assistance as my child may require and I agree to cover the cost for any expense incurred.
- City of Bayswater, its staff and volunteers will take all reasonable care of the child/children and will not be held responsible for any damage and/or loss of property and/or accident.
- The City of Bayswater reserves the right to suspend or expel children from its programs for behaviour that is deemed inappropriate.
- I agree to collect my child from the designated room/court immediately after the stated class ending time.
- I agree that my child understands that they are not to leave the designated room/court until I collect them.
- I acknowledge that this registration form is only valid for 2024 Junior Programs.

#### SECTION 6: Photograph Permission

Staff at the City of Bayswater may take photographs of children which may be displayed at the centre, on The City of Bayswater website, placed in The City of Bayswater publications or promotional material, or for any other purpose aligned to The City of Bayswater business operations. Do you give permission for the City of Bayswater staff to take photographs of the clinic which may include your child?

🗆 Yes 🗆 No					
Parent/Guardian Signature:			Date:		
Office Use Only					
Enrolment					
Term Pass Paid: Y / N	Amount: \$	Date:	Staff:		
Please ensure receipt is stapled to the back of the form.					