## **JUNIOR GYMNASTICS ENROLMENT FORM 2024**

TERM 4 2024

SECTION 1: Personal D					. 4	
*If you have previously enrol	ed in a ter	m progran	n, please fill out name and any changes	to contact details	s only*	
Child's Name:			D.O.B:	Age:		
Child's Name:			D.O.B:	Age:		
Child's Name:			D.O.B:	Age:		
Parent/Guardian:						
Phone Number:						
Address:			<del></del>			
Email:			<del></del>			
Emergency Contact Name:	Emergency Contact Name:			Phone Number:		
(Must be different to the par	ent/guard	ian listed a	bove)			
should be aware of? Yes  Is your child currently taking	dical, phys  No  any medic	eical or inte	Ilectual problems that may affect them se provide details:  Yes  No No If yes, please provide details:			
SECTION 3: Program Se	lection (F	Please circ	le)	TOTAL \$		
	Cost	Cost	CHILDREN ATTENDING	IUIALŞ		
TUESDAY			CHILDREN ATTENDING	TOTALS		

Child #1: ☐ Child #2: ☐ Child #3: ☐

(Pro rata)

\$165

(Pro rata)

\$16.50

Group 2 (7-11yrs)

<sup>\*</sup> Program is subject to registration numbers & maximum participant numbers\*

SECTION 4: B	ackground informa	tion				
Did you/your child p	articipate in a program las	et term? Yes	□ No			
How did you find out	t about this particular pro	gram? Please tick:				
☐ Friend/Family	☐ Flyer	$\square$ Brochure from centre	☐ School	☐ Internet Research		
☐ Centre Website	☐ Newspaper	☐Yellow Pages	☐ Centre display/poster	☐ Fun Day/Holiday Clinic		
Would you like to re	eceive information on futu	ure programs run by City of E	Bayswater?	No		
SECTION 5: Co	onditions of enrolm	nent				
next term include an credit requivation on capped until paym If the class unavailable towards are in the case transferred this instare. It is the paraffect my control of the control of t	if participants cannot my supporting evidence ( uested will be process a  0 trial entry is allowed for numbers. Term enrolmment of the full registration is does not receive the mone to run the program, the that an instructor is und into another program. It is that an instructor is und into another program ince.  The rent/guardian's responsibility children's participate and i agree to cover to a coaching programs are and i agree to cover to swater, its staff and volumage and/or loss of prof Bayswater reserves thate.  Collect my child from the timy child understands	nake the sessions. A writte re.g. Medical Certificate). At the end of the Term. For participants' first session that is then to be paid (proon fee is received ninimum required number the class may be cancelled that will not be refundable sibility for informing City of ation in the activity.  The cost for any expense in unteers will take all reason operty and/or accident.	n request for a credit or reapproval is at the discretice on only. This is only allowed prata) for the remaining was of enrolments, or an instruction on a one-off basis, enter a credit may be applied a Bayswater staff in detail a child/children the organ on my behalf, such medicurred. The child/children from its program of the child/children from its program of the designated room/coulimmediately after the staff the designated roo	_		
SECTION 6: PI	hotograph Permissi	ion				
Bayswater websit aligned to The Cit	e, placed in The City	of Bayswater publicatiness operations. <b>Do yo</b> u	ions or promotional ma	yed at the centre, on The City of aterial, or for any other purpose e City of Bayswater staff to take		
□ Yes □ No						
Parent/Guardian	Signature:		Date	:		
		<del></del>				

## Office Use Only

<b>,</b>							
Enrolment							
Term Pass Paid: Y / N	Amount: \$	Date:	Staff:				
Please ensure receipt is stapled to the back of the form.							