



Twistarz Gymnastics Academy 2022-2023 Membership Form

Please send completed form to info@twistarzgym.com.au

OFFICE USE ONLY: TRIAL DATE & TIME: _____

PARTICIPANTS DETAILS:

FIRST NAME _____ LAST NAME _____ DOB _____

ADDRESS _____ SUBURB _____ POST CODE _____

SCHOOL _____ MEDICARE NUMBER _____

EMAIL ADDRESS _____

PREFERRED DAYS & TIMES:

CHILD 1: _____ CHILD 3: _____

CHILD 2: _____ CHILD 4: _____

PARENT/GUARDIAN DETAILS:

CONTACT 1: FIRST NAME _____ LAST NAME _____

MOBILE _____ OCCUPATION _____ RELATIONSHIP _____

CONTACT 2: FIRST NAME _____ LAST NAME _____

MOBILE _____ OCCUPATION _____ RELATIONSHIP _____

EMERGENCY CONTACT (Different to Contact 1 & 2):

FIRST NAME _____ LAST NAME _____ MOBILE _____

RELATIONSHIP _____

MEDICAL & OTHER INFORMATION:

Please advise us of any medical, behavioural or other information below that we need to know in order to best look after and teach your child. Any potentially life-threatening conditions (eg. Asthma, Anaphalaxis, Epilepsy, Diabetes etc) require a separate action plan. Please provide us a copy with your enrolment. Include a separate page if necessary.

LIST MEDICAL CONDITIONS & ALLERGIES: _____

CONSENT: PLEASE READ MEMBERSHIP TERMS AND CONDITIONS BEFORE SIGNING.

I consent to my child participating in club activities and have read the **Terms and Conditions**. I understand that gymnastics, like all sports and activities carries an inherent risk of injury. I understand that every endeavour will be made to contact me prior to any medical attention being given. Where it is not practical to contact me, I authorise a representative of Twistarz Gymnastics Academy to seek medical intervention (including treatment, emergency transport, hospitalisation, anesthesia & medication) in the event of any accident, mishap, or illness wherever my child is in the care of the club. I understand that these services will be sought at my expense and as deemed necessary and/or appropriate by a representative of Twistarz Gymnastics Academy.

I acknowledge that fees must be paid in full before the start of each term or month unless a payment plan has been approved. If fees are not paid by the beginning of each term/month an administration cost will be added to my invoice as per T&C. If fees remain unpaid my outstanding debt will be sent to a recovery agency and all associated costs will be charged to me. I acknowledge that I must give 2 weeks' notice in writing if I wish to terminate or suspend my membership or fees will still apply until written notice is received. Membership fee is NON-REFUNDABLE. A late fee will be charged should I be late collecting my child from their class.

Photography Approval: I understand that representatives of the club may from time to time take video or still images of the gymnasts for training, educational, administrative or promotional purposes. I consent to the use of these images for these purposes.

SIGNED (Parent/Guardian if U18): _____ DATE: _____

Privacy Statement:

Twistarz Gymnastics Academy is committed to protecting your privacy. We will collect, use, disclose and hold personal information in accordance with the Privacy Act 1998. For further details or a copy of the club's full privacy statements please contact the office or visit our website. Please note this information will be made available to Twistarz Gymnastics Academy staff members in full.