



Glitz Enrolment Form

Phone: 03 9739 5588

Lilydale Industrial Estate, Factory 18 Trade Place, Lilydale 3140

Email: glitz.gymnastics@gmail.com Web: glitzgymnastics.com

OFFICE USE ONLY	Entered <input type="checkbox"/>	Need more info <input type="checkbox"/>
Invoiced <input type="checkbox"/>	Insured <input type="checkbox"/>	Other _____

GLITZ GYMNASTICS ACADEMY

PLEASE PRINT CLEARLY

GYMNAST DETAILS

First Name: _____ Last Name: _____ Date of Birth: / /

Address: _____ Male Female

Suburb: _____ Post Code: _____

PARENT DETAILS (Primary parent responsible for invoices)

Full Name: _____ Mobile: _____

Address: _____

Email: _____ COVID Vaccination YES / NO

PARENT DETAILS

Full Name: _____ Mobile: _____

Address: _____

Email: _____ COVID Vaccination YES / NO

EMERGENCY CONTACT

Emergency Contact Name: _____ Mobile: _____

OTHER SIBLINGS AT GLITZ

1. Name: _____ Class: _____ 2. Name: _____ Class: _____

PREVIOUS GYMNASTICS

Has your child received gymnastic lessons in the past? YES / NO (Please circle)

If YES, at which club? _____ Year Attended _____

MEDICAL/FAMILY DETAILS & HISTORY

Ambulance Subscriber: YES / NO (Please Circle)

Has your Child had COVID Vaccination YES / NO

Please provide details of any medical, physical, intellectual or behavioural conditions that may have a bearing on your child's ability, safety or behaviour in class: _____

Does your child suffer from any allergies? YES / NO (Please circle) If yes, please specify allergy: _____

Anaphylactic: YES* / NO (Please circle)

***Glitz does not have access to an EpiPen. Any child who is anaphylactic must bring in their own EpiPen (clearly labelled with child's name) to be left at the office.**

Are there any family orders we should know about? YES / NO **If yes please attach a copy**

Are there any other special instructions regarding your child's safety we should know about? YES / NO (Please circle)

If yes, please specify _____

GLITZ PHOTOGRAPHY /VIDEO

I give permission for my child to be photographed/videoed for the use of club publicity on the Glitz website, Facebook page, leaflets and advertising material: **YES / NO (Please circle)**

Like us on Facebook to help keep you up to date with what's happening at Glitz Gymnastics.
Our website has additional information and copies of forms that you may need: Policies, Enrolment Form, Booking Form, School Holiday Program Forms, Birthday Party Invitations.
We limit the use and disclosure of any personal information provided to us by you. The information is used only in relation to providing you with our service and may be shared with Gymnastics Victoria, Gymnastics Australia, Insurers, Sports Education Section (ASC), Australian Allstar Cheerleading Federation. We limit the use and disclosure of any personal information provided by us to such organisations for the specific purpose for which we supplied it.
If you choose not to provide personal information, we may not be able to provide you with the service you require or the level of service on which we pride ourselves.
PARTICIPATION IN GYMNASTICS ACTIVITIES CARRIES WITH IT A REASONABLE ASSUMPTION OF RISK.

TERMS AND CONDITIONS

- I have read, understood and agree to this enrolment form and the Glitz Gymnastics Policies (policies supplied with enrolment form or you can view them on our website) and agree to adhere to these terms & conditions stated therein.
- I understand that unless advised with a medical certificate that all absences from classes must be paid for as stated in our policies.
- I give permission for my child to receive medical/ambulance assistance in case of emergency and agree to pay such costs incurred.
- I acknowledge that term fees are due 28 days from the date of the invoice and accept that my child may be suspended from attending class until all term fees are paid.
- By signing this form I agree to the above terms & conditions, Glitz Gymnastics Policies and am solely responsible for any fees relating to my child.

Minimum 1 parent/guardian of the child MUST sign this form to join Glitz Gymnastics Academy. The parent/guardian that signs this form will be held responsible for the payment of any fees incurred during the membership of the enrolled child.

Print Name: _____ **Signature:** _____ **Date:** / /

Print Name: _____ **Signature:** _____ **Date:** / /

OFFICE USE ONLY

Class _____	Insurance ID No. _____
Day _____	Transfer Request _____
Time _____	Additional Information _____
Come & Try Date / /	_____
Start Date / /	_____