



ENROLMENT FORM 2010

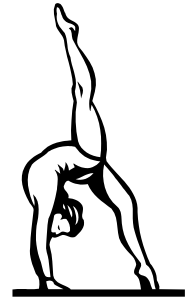
ELITE GYMSPORTS ACADEMY PTY LTD

Postal Address:-

PO Box 157 HURSTVILLE NSW 2220

Ph: 95333425

Email: elitegymsports@bigpond.com



1) Participant Personal Details;

Location: PEAKHURST Class Name: _____

Level: _____ (Comp classes only) Day/s: _____

Time/s: _____

2) Participant Personal Details;

Surname: _____ First Name: _____ M/F

Address: _____ P/code: _____

Phone: _____ Mbl: _____ Participants DOB: ___ / ___ / ___

Email : _____

3) Your Permission;

I give permission for myself / my child to be photographed / videoed while participating in any gymsports activities. I consent to these photos / videos being used for publicity purposes. Y / N

I agree to myself / my child attending Elite Gymsports Academy activities and will not hold Elite Gymsports Academy Pty Ltd, its staff or volunteers responsible for any loss of property and /or accident. I also give permission for 1st Aid medical treatment or ambulance assistance in case of emergency and agree to pay such costs incurred. I understand that the fees for all gymsports are non-refundable and that the Gymnastics NSW fee is a pre-requisite of participation.

I agree to Elite Gymsports Academy's Terms and Conditions (please see over).

_____/_____/_____
Signature Date

ANNUAL FEES	
JOINING FEE	\$ 10
BASIC INSURANCE REGISTRATION	\$ 40 (recreational) OR \$ 65 (competitive)
PLUS ACTIVITY FEE (per term)	

Office Use Only

Rego No: _____ Date Registered: _____ Date Paid: _____

	Class	HRS	\$ Due	Amt Pd	Date Pd
Term 1					
Term 2					
Term 3					
Term 4					

TERMS AND CONDITIONS

ELITE GYMSPORTS ACADEMY PTY LTD.

PAYMENTS:

- Fees are non-refundable and may be paid by cash or cheque to “Elite Gymsports Academy Pty Ltd”
- Fees **must** be paid by week one of term, with the exception of advanced State Squad gymnasts who attend 3 or more days per week. They may pay 50% in Week 1, 25% in Week 3 and 25% in Week 5.
- If you are going to be away for week one, it is your responsibility to pay before you go away.
- Non-payment of fees BY Week 1 may result in your child losing their spot in a class.
- Any student who has not paid fees by Week 3 will incur a **\$20 late fee**.
- Annual Registration fees must be paid as it includes a basic insurance. If transferring from another club within the same calendar year, you may pay the Joining Fee only.
- Payment of Basic Insurance and Joining Fee is made on a calendar year basis.

SCHOOL TERM BOOKINGS:

- All students are required to re-book their position each term.
- Payments will be accepted from last 2 weeks of term. Full payment will be required by Week 1 of the following term.
- *PRIORITY BOOKING* is given in the last 2 weeks of term to all students who are currently enrolled. If you have not re-enrolled by the end of term, your child’s position may be lost due to new enrolments.

ABSENCE POLICY:

- A maximum of 2 make up lessons are permitted per school term **if** there is availability in other classes.
- To be eligible for make up lessons an email, letter, or doctor’s certificate must be presented/sent to the club. Please do not rely on simply telling your coach.
- Refunds **will not be applied for absence**.
- Credits will only apply in case of an accident such as a broken arm or major surgery, which is a circumstance beyond our control. This credit may be used for the following term only.

CLUB RULES & UNIFORM:

- Please drop off your child on time as warm up is an important part of class. Children will not be able to participate if they turn up any later than 5mins late to class.
- Children must be picked up on time. If a parent is regularly late, a \$10 fee each time will apply.
- All recreational students(Beginners – Intermediate) must wear a club t-shirt or club uniform to class.
- No jewellery is allowed. Students must bring a drink with them to gym.

PARKING & CHILD SAFETY:

- Our Peakhurst location is “**Drop off**” and “**Pick up**” **only**. Should you need to come into the gym for any other reason, please park on the road on Norman Street.
- Parents may stay for classes under 5yrs BUT will have to park on Norman Street.
- **Drop off areas include** four(4) “**allocated car spaces**” directly across from Unit 2 or the “**Drop Off Zone**” labelled outside the roller shutter.
- **DO NOT PARK** in the 2minute drop off zone if staying for the duration of the lesson.
- **DO NOT PARK** in other car spaces before 5.30pm on weekdays due to other businesses in the area.
- A 5km speed limit applies due to children’s safety.
- Parents/carers are responsible for supervising their children when within the car park and are expected to remain vigilant of the safety of all children within that area. When transversing through the car park you are expected to escort your child **by hand** until safely within the facility or to your vehicle.
- At no times are children permitted to remain in the car park unsupervised.



MEDICAL DETAILS

1) Participant Details;

Name: _____ DOB: ____ / ____ / ____

Location: _____

2) Emergency Contact Details;

Emergency Contact – Name: _____

Relationship: _____ Phone: _____ Mbl: _____

Medicare No: _____ Private Health Fund? Yes / No

3) Health Details; Is the enrolled affected by any of the following?

- | | | | |
|----------------|-----|---------------------|-----|
| 1. Asthma | Y/N | 7. Hearing Problems | Y/N |
| 2. Epilepsy | Y/N | 8. Hay Fever | Y/N |
| 3. Headaches | Y/N | 9. Insect Stings | Y/N |
| 4. Diabetes | Y/N | 10. Peanuts / Other | Y/N |
| 5. Convulsions | Y/N | 11. Penicillin | Y/N |
| 6. Fainting | Y/N | 12. Other | Y/N |

Please give full details if yes

Does your child have any injury, illness or disability that may impact on their ability to participate?

I give permission for my children to receive any 1st Aid or Medical assistance required.

Signature: _____ (parent / guardian) Date: ____ / ____ / ____