



GROUP: \_\_\_\_\_

# Maffra Gymnastic Club Incorporated

Cameron Sporting Complex  
Morison Street (P.O. Box 12) Maffra 3860  
Telephone (03) 5141 1211  
e-mail: [admin@maffragymnastics.org.au](mailto:admin@maffragymnastics.org.au)

Registered Number A.2297  
A.B.N. 60-586-883-791

Australian Gymnastic Club of the Year 2003  
Victorian Gymnastic Club of the Year 2015

## ENROLMENT FORM – 2019.

All information on this form is classified as “confidential”. Please complete this form in BLOCK letters. If any changes occur, (change of address, phone numbers or care arrangements etc) during the course of the enrolment, we would appreciate notification as soon as possible.

Name: .....

Address: .....

Postcode: ..... Contact numbers: (H)..... (M).....

Date of Birth: ..... Sex: M / F

### Parent / Guardian Details

Name: ..... Relationship to gymnast: ..... Contact Number: .....

Name: ..... Relationship to gymnast: ..... Contact Number: .....

### Person paying the account

Name: ..... Relationship: .....

Ph.: (mob)..... (w).....

Email: (Please print clearly).....

Do you wish to receive invoices via email? Y / N      Direct Deposit Details-      BSB 633 000  
AC 131605628

I agree to my child's image being used for display at the venue and in media for the purpose of promoting the Maffra Gymnastic Club Inc.      YES / NO

**All members of the Maffra Gymnastic Club Inc must pay their fees by the due date. The Maffra Gymnastic Club is a community based club and the budget is set on ALL members fees being paid on time. If payments are to be made by instalments the terms must be arranged within the first week and will not receive the early payment discount. Full details of 'Fee payment terms and conditions' are explained in the Maffra Gymnastic Club Information booklet.**

I have read this enrolment form and the Club Information Booklet and understand and accept the 'Terms and Conditions'.

Parent's/Guardian's Signature: ..... Date: .../.../....

## **PLEASE COMPLETE MEDICAL INFORMATION ON REVERSE SIDE.**

Office Use Only: Date received..... Staff signature.....

**MEDICAL, HEALTH AND LEARNING INFORMATION.**

**Emergency Contact Name:** .....**Ph:** .....

**Doctor:** .....**Phone:** .....

**Medicare No.:** ..... **Ambulance Subscriber: Y / N**

*(Note: The MGC has the right to call an ambulance in the case of a medical emergency i.e. life or limb threatening even if known you are non-members of the Ambulance service. All costs associated with an ambulance service will be the parent / guardians responsibility)*

**Does your child have any medical, physical or intellectual conditions that may have a bearing on their ability, safety or behaviour in the class?**

**(E.g. Epilepsy, Diabetes, Asthma, Allergies ADD etc) Y / N**

**If yes, please provide details and a management plan** .....

.....  
.....  
**(Please attach a separate sheet with details if necessary)**

**Has your child been vaccinated against?**

**Hepatitis B - Y / N      Tetanus - Y / N      Date: ...../...../.....**

**Sports Injuries (Please list any injury which is current / re-occurring):** .....

**Getting the most of your child:**

What way does your child best learn? Eg/ Auditory, visual, clear concise sentences. (Please circle)

Does your child use alternative methods of communication? Eg/ Communication boards, Sign,

Lip reading: .....

Is there any information about your child that the coach should be made aware of? Eg/ Previous

injury, weakness on a particular side of the body. Y / N .....

Does your child require any further support? Y / N .....

**To the best of my knowledge, all of the information contained on this form is true and correct:**

**Signed**..... **Date**.....