



BRISBANE GRAMMAR SCHOOL

Application For Membership Gymnastics Club

GYMNAST INFORMATION

Name: _____ D.O.B. _____ Gender: _____

Address: _____

Suburb: _____ Postcode: _____

Previous/Current Gymnastics Club: _____

FAMILY INFORMATION

Guardian 1	Relationship		Guardian 2	Relationship	
Name			Name		
Occupation			Occupation		
Address			Address		
Postcode			Postcode		
Tel. (H)		Tel. (W)	Tel. (H)		Tel. (W)
Email			Email		
Mobile			Mobile		

Address where correspondence should be forwarded _____

MEDICAL INFORMATION

If parents are unavailable in an emergency please contact:

Name	Contact number(s)	Relationship

Please inform us of any allergies below (*bee stings, drugs, nuts, penicillin etc*)

Our child has the following immunisations (*with dates please*);

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

TERMS AND CONDITIONS

I give permission for my child to receive medical/ambulance assistance in case of emergency and agree to any costs incurred **Yes / No**

I have completed this form to the best of my knowledge & will update and inform the club of any changes that may occur during the period of membership **Yes / No**

I have read and accept the conditions of the BGS GC Handbook **Yes/No**

The personal information provided by you on this form will be used in accordance with our Privacy Policy. To obtain a copy of our Privacy Policy, enquire about any privacy issue, or make a request for access to information, please contact the Club Manager on (07) 3834 5325.

Participation in gymnastics activities carries with it a reasonable assumption of risk.

Signed by: _____

Date: _____

