



Sunbury School of Calisthenics Inc.

(Reg no. A0017100W)

ENROLMENT FORM 2012

Pupil's Details:

First Name:Surname:
Home Address:
.....Postcode:
Home Phone No.Mobile:
Date of Birth:

Family Details:

Mother's first name:..... Surname:.....
Home Address:
.....Postcode:.....
Home Phone No.Mobile:.....
Father's first name:..... Surname:.....
Home Address:
.....Postcode:
Home Phone No.Mobile:

Please indicate if you are happy for us to release your address and contact details to other parents within your child's section: YES/NO

Notification Fees & Notices:

First Contact person for payment of fees:
Contact No.....
Do you wish to receive fee notifications from the club electronically: YES/NO
E-Mail address:.....
Do you wish to receive newsletters and notices from the club via electronically: YES/NO
E-Mail address:.....

Custody Arrangements: please complete if applicable

If you are a sole parent is access available to the other parent? YES/NO
Are there any court orders? YES/NO
If yes, please contact the president of the club to discuss. All discussions will be treated confidentially



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Medical Form 2012

Pupil's Medical Details

Pupil's Full Name:

Emergency Contact: Phone:.....

Doctor's Name: Phone:

Address:

.....Postcode:.....

Does the pupil suffer from any of the following medical conditions: Please circle

Asthma, Diabetes, Epilepsy, Allergies, including all food allergies, other

Please advise treatment/medication to be given.

.....
.....

Medicare No.Ambulance Subscriber: YES/NO

Do you give permission for the club to ring an ambulance in an emergency: YES/NO

Private Health Fund:Membership No.....

Please inform your coach at the beginning of each class of any existing injury or ailment.

Accident Declaration

I hereby authorise the coach in charge to consent, where it is impracticable to communicate with me to the child receiving such medical treatment as may be deemed necessary.

If over 18: I hereby authorise the coach in charge to consent to myself receiving such medical treatment as may be deemed necessary. I will take full responsibility for the cost incurred.

Signature of pupil or if under 18 years of age parent/guardian:

Print Full Name of Parent or Guardian.....Date.....



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Pupil's Full Name:.....

Photo Permission

As part of the club's process, photographs may be required and displayed publicly on our web site and in our newsletters. No pupil will be identified by name.

I give permission for photographs to be taken of myself/my child. YES/NO

Signature of pupil or if under 18 years of age parent/guardian:

Print Full Name of Parent or Guardian.....Date.....

Declaration

I understand I/my child will be required to attend all competitions. I hereby agree that I/my child attends class at my/her risk and that the Committee, Coaches and Assistants will not be responsible for any injuries. Pupils are expected to adhere to the terms of the lease of the Halls and any damage through careless or irresponsible behaviour will be the responsibility of myself/the parents. I have read the information booklet and agree to myself/my child attending Sunbury School of Calisthenics Inc. Under the guidelines within said booklet.

Please read the attached Australian Calisthenics Federation(ACF)"Privacy Collection Statement".

Signature of pupil or if under 18 years of age parent/guardian:.....

Only complete this section if you are **new** to Sunbury School of Calisthenics:

Name of last Calisthenics Club attended and Year.....

What attracted you towards Calisthenics. (please tick appropriate box or boxes)

- Viewed a calisthenics poster, brochure, flyer
- Answered a newspaper advertisement
- Introduced by an existing Sunbury School of Calisthenics friend
- Viewed calisthenics performance at a public venue
- Answered an advertisement from school newsletter
- Answered advertisement from 'letter drop'
- Other reason.....

The information you have provided will greatly assist our club with future recruitment initiatives.