

New Member

Renewal



**MEMBERSHIP
INFORMATION**

Centre _____

MEMBER

Surname _____

First Name _____

Date of Birth _____

M/F _____

Medical History

Does this member suffer from any of the following? (please tick)

Asthma Diabetes Epilepsy Fainting Nose bleeds Severe allergic reactions Other (please specify)

Any pre-existing injuries (details) _____
(Please attach separate sheet if necessary)_

Any other medical conditions _____

Yes No

Is this member taking ANY medication at present?

If YES, does he/she self administer?

Please note, coaches cannot be responsible for administering any medication.
A parent/guardian must be present at all times.

Does this member wear contact lenses?

How did you find out about Jollettes Gymnastics? _____

PARENT/GUARDIAN

Surname _____ First Name _____

Address _____ Suburb _____

Post Code _____ Home Phone _____ Mobile _____

Email _____

Name(s)/Contact number of person(s) dropping off/picking up _____
(if different from above)

Best number to call if we need to contact you before class starts (e.g. if class is cancelled) _____

Any family court issues we need to be aware of? _____

Emergency Contact

Name _____ Relationship _____ Phone # _____

Consents and Agreement

Yes No

I hereby consent and grant permission for Jollettes Gymnastics to use images taken of the above member for public release to support the marketing and communication objectives of Jollettes Gymnastics.

I hereby consent and grant permission for Jollettes Gymnastics to call an ambulance in my absence if it is deemed necessary by the First Aid Officer for the wellbeing of the above member, and agree to pay any and all costs involved.

I acknowledge that participation in any Jollettes Gymnastics programme undertaken by the above member, other family members and/or visitors is at our own risk. I understand that no liability for personal injury, loss or damage to personal effects is accepted by Jollettes Gymnastics, its Principals or its employees whilst attending this programme.

The above member and all spectators attending on their behalf agree to abide by the Policies and Codes of Behaviour of Jollettes Gymnastics.

I hereby confirm that the above information is true and correct to the best of my knowledge.

Parent/Guardian

Date

This form and its contents will be used and stored in accordance with Jollettes Gymnastics Privacy Statement.