

- New Member  
 Renewal



2012  
MEMBERSHIP  
INFORMATION  
ID \_\_\_\_\_  
(offices use only)

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 of paper 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?

## PARENT/GUARDIAN

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Name(s) contact number of person(s) dropping off or picking up (if different from above) \_\_\_\_\_

Best number to call if we need to contact you before the class starts (e.g. if class has been 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 communications 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.

I understand that supervision of any child under the age of 18, whilst not on the gym floor as a participant in a Jollettes Gymnastics session, is the responsibility of the parent/guardian.

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