

I hereby apply for Membership of the Henley & Grange Youth Clubs Inc. for the year of **2018**

SURNAME: _____ GIVEN NAME: _____

DATE OF BIRTH: _____ / _____ / _____ FEMALE MALE
DAY MONTH YEAR

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

POST CODE: _____

Have you been a member of the club previously? YES / NO (please circle)

HOME PHONE NO: _____ MOBILE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME (if parents uncontactable): _____ PH NO: _____

RELATIONSHIP TO MEMBER (of emergency contact person): _____

Medical information:

DO YOU HAVE A MEDICAL OR BEHAVIOURAL CONDITION WE NEED TO BE AWARE OF? (Please give details)

MEDICATION TAKEN: _____

DOCTOR/GP NAME: _____ PHONE NO: _____

PERMISSION TO RENDER FIRST-AID, CALL DOCTOR AND/OR AMBULANCE IN AN EMERGENCY?

YES / NO (please circle)

PLEASE SEE REVERSE SIDE OF FORM FOR PHOTOGRAPHIC and FEE INFORMATION

OFFICE USE ONLY:

Member No: _____ Category: _____

Date of FREE session: _____ (if applicable) Group: _____

Date Started: _____ Training Hours /week: _____

Entered: Club Database: GOL: Photo: iMis No.: _____

Photographic permission:

On occasion Gym West uses video recording for training purposes and photos for promotional material. Please read and complete the following;

I _____

(Parent/Guardian)

give permission for the use of photographic media of my child

(Child's Name)

to be used by Gym West and/or Gymnastics South Australia and/or Gymnastics Australia and/or any other facility that is affiliated with Gymnastics Australia for the purpose of promoting gymnastics.

- I agree that the use of the photographic media may include advertising and/or educational material.
- I agree that the photographic media may be used in newsletters, brochures, posters, training resources, Social Media or a club/association web page.
- I agree that Gym West will use the photographic media at their discretion and in accordance with their Member Protection Policy and Privacy Policy and that my child will not be named without my consent.
- I agree to notify Gym West in writing if I withdraw my consent to use photographic media of my child.

Signature: _____ (Parent/Guardian)

Members MUST notify Club if unable to attend OR if Membership ceases.

I agree to pay the TERM FEE within 14 days of receipt of account.

I agree to act and abide by the RULES & REGULATIONS of The Henley and Grange Youth Clubs Inc. I further agree to pay all coaching, registration and competition fees (as set by the Management Committee of the Club) and understand that Membership may be revoked if accounts are in arrears.

In accordance with the Privacy Amendment (Private Sector) Act (2000), the information contained within this form will be used *primarily* for matters specifically related to gymnastics and/or if a *secondary* purpose is related to the primary purpose and one could reasonably expect such use or disclosure.

Please note: Enrolling parent/guardian is responsible for payment of fees.

Enrolling Parent/Guardian Name: _____

Signature: _____ (Parent/Guardian) Date: _____