



REGISTRATION FORM

Today's date: _____

How did you hear about these classes?

Advertised at school Newspaper Community Noticeboard Friend Other, please indicate _____

Previous member, if so what year did you join? _____

MEMBER INFORMATION					
Child's last name:	First:	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	School:

PARENT/GUARDIAN INFORMATION	
Parent's names:	Email address: <small><i>(please ensure it is an address used regularly as this method of communication will be used to communicate with parents between class times)</i></small>

Address:	Suburb:	Postcode:
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Home phone no.:	Mobile phone no. (Mum):	Mobile phone no. (Dad):
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IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to child:	Home phone no.:	Mobile phone no.:

Name of doctor:	Clinic Name:	Phone no.:
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MEDICAL INFORMATION	
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Does your child suffer from any allergies? Yes No *Please provide details...*

Does your child suffer from any health problems we should be aware of? Yes No *Please provide details...*

Is there any other information we should know about your child? Yes No *Please provide details...*

Where it is not practical to communicate with me, I authorise for my child to receive any medical treatment necessary if injury or illness occurs. I agree to pay any expenses incurred for medical treatment and transport.

I understand that my child may occasionally be photographed for calisthenics promotional purposes, and consent to the publication of these images. Names will not be used without my express permission.

Patient/Guardian signature: _____

Date: _____