

# GYMNAST REGISTRATION FORM



Gymnast First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Please tick appropriate box  
 I am a New Member  
 I am Renewing Membership

FIRST CONTACT	SECOND CONTACT
First Name	First Name
Last Name	Last Name
Mobile no.	Mobile no.
Work no.	Work no.
Occupation	Occupation
Relationship	Relationship

CLASS	CLASS	Preferred Day & Time
<input type="checkbox"/> Baby Gym	<input type="checkbox"/> School Aged Grade 1 - 6	Pref. 1
<input type="checkbox"/> Walking - 3yrs	<input type="checkbox"/> Adults Gym	Pref. 2
<input type="checkbox"/> 3 yrs to Prep	<input type="checkbox"/> Teen Gym – Grade 7+	Pref. 3
<input type="checkbox"/> Prep	<input type="checkbox"/> Tumble & Ninja	Pref. 4

**OFFICE USE ONLY**

Entered GM: \_\_\_\_/\_\_\_\_/\_\_\_\_

By Staff Member: \_\_\_\_\_

Entered: \_\_\_\_\_

**Medical History - Record of Illness (indicate which has occurred)**

Epilepsy	Diabetes	Concussion	Nosebleed	Fainting
Asthma	Headaches	Anaemia	Blurred Vision	Other

Allergies: \_\_\_\_\_ Does your child have learning difficulties? \_\_\_\_\_

Others: \_\_\_\_\_ If yes, state: \_\_\_\_\_

Previous injuries (state type of injury, to what body part and when injury occurred)

\_\_\_\_\_

\_\_\_\_\_

Does your child have a Medical Emergency Plan?

Asthma Plan  
 Allergy Plan  
 Other Plan

Please provide copy of Plan for our records

All information collected is subject to the club's Privacy Policy, please refer to the Membership Pack for details

**Acknowledgments**

If the need arises may the gymnast be taken in an Ambulance?  
 The gymnast's photograph may be used by the club for promotional purposes  
 I have read, understood, and will abide by the club policies detailed in the Membership Package\*

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**How did you first find us or hear about us?**

Drive by/sign	Referral from Friends/Family
Facebook	Not Provided
Website	Other

**I would like to offer assistance to Gymnastics Townsville with**

Committee	Events Assistance
Admin Help	Sponsorship
Maintenance	Other

\* Club Membership Pack is available for download from [www.gymtsv.com.au](http://www.gymtsv.com.au) in the Membership Section