



PASCOE VALE UNITING GIRLS GYMNASTICS

info@pvugirlsgymnastics.org.au | PO Box 510, Pascoe Vale, 3044

GYMNAST ENROLMENT FORM | 2021

Fees: \$140 / child / year
(Family maximum of \$280 per year)

BSB: 063 122

Account: 1097 5407

Please reference your **surname**
and send confirmation / receipt to
info@pvugirlsgymnastics.org.au

This form is for the club's membership records and used in the case of an emergency. All information is held in confidence.

Gymnast/Child's Details

First Name	Surname	Date of Birth	DD/MM/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Sibling(s) enrolled at PVUGG	How did you hear about us?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Primary Contact (Parent/Guardian, or Gymnast if over 18)

Full Name	Relationship	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	Post Code	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary Contact

Full Name	Relationship	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other/Emergency Contact

Full Name	Relationship	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gymnast/Child's Allergies:

☐ Food

☐ Anaphylaxis

☐ Medication

☐ Other

Allergy Details (incl. special care required)

If not applicable, write "N/A"

<input type="text"/>

Diagnosed Injuries &/or Condition(s) (asthma, seizures, hearing impairment, behavioural etc.)

If not applicable, write "N/A"

<input type="text"/>

Prescribed Medication Details (medication name, dosage, administration instructions etc.)

If not applicable, write "N/A"

<input type="text"/>

During club supervised times (class / outings / events), please do not leave any medication in child's possession; provide it to their specified coach with instructions.

Ambulance Victoria Cover

☐ Yes

☐ No

In cases of illness, injury, or emergency, PVUGG will provide First Aid and/or call for ambulance as deemed appropriate, associated costs incurred are the responsibility of the primary contact.

Last Tetanus Immunisation Date (if known)

Are there any court orders relating to the access of this child?

<input type="text"/>

☐ Yes ☐ No

If yes, please outline
at right or otherwise
advise

<input type="text"/>

Where it is impracticable to communicate with me, I authorise responsibility of the above-mentioned gymnast receiving such medical treatment as may be deemed necessary by a coach or authorised representative of PVUGG. I authorise the club to photograph this gymnast during classes and associated PVUGG activities. I approve these photographs to be used for advertising and promoting the club on posters, websites, and social media platforms. I have read and agree to the following Pascoe Vale Uniting Girls Gymnastics Policies: *Gym Rules, Code of Conduct, Behaviour Management Policy, Membership Fee Policy, Insurance Information.*

Signature of Primary Contact

Signatory Name

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------