

TANJULE RG CLUB – 2017 Annual Registration Form – PAGE 1 OF 2

PLEASE PRINT CLEARLY

Gymnast's Info

Last Name		First Name	
Date of Birth		Gender	
Residential Address		Postal Address (if different to Residential)	
Is gymnast of Aboriginal or Torres Strait Island Descent?		Yes/No	
Is Tanjule RG club your primary gymnastics club?		Yes/No If no, what other gymnastics club are you registered with?	

Parents'/Guardians' Info

*Primary contact	Full Name: _____	Relationship: _____
	Phone: (H) _____ (W) _____ (M) _____	
	**Email: _____	
	All invoices are online at www.tanjulerg.com (we do not distribute paper invoices). Information will be emailed to the primary contact unless otherwise indicated.	
*Secondary contact	Full Name: _____	Relationship: _____
	Phone: (H) _____ (W) _____ (M) _____	
	**Email: _____	

* In case of emergency

**By providing an email address, I agree to be contacted electronically.

How did you discover Tanjule RG Club? (Please circle): Website / Facebook / Other _____

Medical History

Provide details of any medical, physical or intellectual condition that may have a bearing on the Gymnast's ability, safety or behaviour

Is the Gymnast on any medication of which we should be aware? If so, describe:

Does the Gymnast suffer from any allergies (i.e.: asthma, bee stings, etc.)?

If so, please ensure that the Gymnast has sufficient allergy medication with him/herself and is able to self-administer this medication when necessary.

Family Doctor's Name/Surgery: _____ Contact Number _____

Parent/Guardians Name and signature: _____ Date: / /

TANJULE RG CLUB – 2017 Membership Application – PAGE 2 of 2

I hereby apply for membership of Tanjule Rhythmic Gymnastics Club (TRGC) and agree to be bound by its Articles of Incorporation and Rules and accept the following "Terms and Conditions and Parent/Guardian Consent and Declaration".

TRGC Terms and Conditions and Parent/Guardian Consent and Declaration

1. I understand that participation in gymnastics activities carries with it a reasonable assumption of risk!
2. I confirm that the information set out in the Medical History section of this form on behalf of the Gymnast is true and correct to the best of my knowledge.
3. I know of no reason or fact affecting the Gymnast's health, which is relevant to doing gymnastics and heavy exercise.
4. In case of emergency, I hereby give consent to certified TRGC personnel to administer emergency First Aid to the Gymnast and/or to obtain any medical/ambulance assistance as required. I agree to pay any costs incurred.
5. I understand that for insurance purposes registration fees must be paid before the Gymnast is permitted to participate.
6. Membership and Term fees are to be paid by end of Week 3 of each term. **Term fees are calculated on hours nominated and are regardless of attendance.** Where notice is given in writing of prolonged illness and a 'Doctor's Certificate' is provided, the Gymnast's fees may be credited to the next term. Absences for other reasons will not result in a credit to the next term, however gymnasts may have the ability to make up sessions during the current term, providing they have organised it with the Head Coach
7. I give permission for my child to be photographed / videoed while participating in any club activities. I consent for these photos / videos to be used for publicity if required.
8. I consent for the above mentioned photos/videos to be used for Internet publishing on the TRGC website and Facebook page.
9. I understand a formal registration record is kept by TRGC and it is available upon request.
10. I understand that if I choose not to provide personal information, TRGC may not be able to provide me with the services the Gymnast requires.

I, the Parent/Guardian of _____ (The Gymnast), have read and understand this Membership Application and TRGC rules and agree to its terms, conditions, consents and declarations as required and stated herein. I confirm that the information provided on this form is complete and correct to the best of my knowledge and I undertake to advise the Club promptly of any changes that may occur.

I agree that TRGC and its Management Committee, coaches, volunteers, officers, leaders, staff and agents shall be released from, and shall not incur any responsibility or liability whatsoever for any accident or injury to the Gymnast or for any damage to or loss of property of the Gymnast.

In that regard I agree to indemnify TRGC against any such liability.

Parent/Guardians Name: _____

Parent/Guardians Signature: _____ Date: / /

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 participating in gymnastics and/or if a *secondary* purpose is related to the primary purpose and one could reasonably expect such use or disclosure.

To assist in providing our services, the organisations to which we disclose information include:

- Outsourced service providers who manage the services we provide to you, including GSA, Gymnastics Australia, Insurers
- Our professional advisers, including our accountants, auditors and lawyers
- Government and regulatory authorities and other organisations, as required or authorised by law

We limit the use and disclosure of any personal information provided by us to such organisations for the specific purpose for which we supplied it.