

Personal Details

Session Day and Time: _____ Term: _____

Child's Surname: _____

Child's First Name: _____

Street Address: _____

Suburb: _____ Post Code: _____

Date of Birth: _____ Sex: M/F (Please Circle)

Phone number: _____

Parent/Caregiver Name: _____

Your relationship to Child: _____

Email address: _____

Services by email may include; notification of changes to classes or cancellation of a day's classes due to illness and circulation of Kindergym information etc.

Emergency Contact for Parent/Caregiver

In the event that something should happen to you, the parent/caregiver while at Kindergym, please give details of the person we should contact;

Name: _____

Phone: _____

Child's Medical History

M1: Does your child have asthma? If yes, we are required to hold a copy of their 'Asthma Care Plan'. Please provide this as soon as possible.

Yes/No (please circle)

M2: Does your child have any other additional needs (medical, physical, or intellectual) that we may need to be aware of in order to promote their safety in class and better understand their individual needs. (Please provide details)

M3: Is your child on any medication of which we should be aware? (Please provide details)

M4: Does your child suffer from any allergies or epilepsy (e.g. medication, bee sting etc.)? Please provide copies of care plans as soon as possible.

M5: Is there any other information we need to be aware of pertaining to your child's safe participation in class (e.g. custody issues, other information you consider relevant)?

Terms & Conditions

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 the participation in Kindergym. Additionally the information will be used where one could reasonably expect such use of disclosure.

The organisations which we disclose information to include:

- Gymnastics Australia
- Gymnastics SA
- Insurers
- Professional Advisors including accountants, auditors and lawyers
- Government and regulatory authorities and other organisations as required or authorised by law

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

If you choose not to provide your personal information, we may not be able to provide you with the services you require, or the level of service on which we pride ourselves.

Participation in gymnastics activities carries with it a reasonable assumption of risk.

A1: On supplying my email address I agree to receive emails from Athelstone Kindergym and understand that I can cancel at any time.

Yes / No

A2: I give permission for my child to be photographed/videoed while participating in club activities. I consent to the photos/video being used for publicity of Athelstone Kindergym if required.

Yes / No

A3: I give permission for my child to receive medical ambulance assistance in the case of an emergency and agree to pay the costs incurred.

Yes / No

A4: I understand that I may access my child's personal information held by the Kindergym upon request.

Yes / No

A5: The information provided on this form is complete and correct to the best of my knowledge and I undertake to promptly advise the Kindergym of any changes that may occur.

Yes / No

A6: I have read and understood this enrolment application and Kindergym Rules (as stated in the Information Booklet available on request), and agree to the terms and conditions stated therein.

Yes / No

OFFICE USE ONLY	Entered on Database	<input type="checkbox"/>	_____	_____
			Signed	Date
	Entered on Spreadsheet	<input type="checkbox"/>	_____	_____
			Signed	Date

Agreement

Signature of Parent/Caregiver

Date