



# Canberra City Gymnastics Club Inc.

## Enrolment and Indemnity Form

ENROLMENT of **ADULT GYMNAST** (PLEASE USE BLOCK CAPITALS)

SURNAME .....	GIVEN NAMES .....
PHONES.....	BIRTH DATE ...../...../.....
START DATE...../...../.....	
STREET ADDRESS.....SUBURB.....	
E-MAIL .....	
GYMNASTIC EXPERIENCE .....	

### INDEMNITY FORM

I .....(Name of Gymnast) will indemnify the Canberra City Gymnastic Club Inc. and its coaches against any claims made for/on behalf of myself in participation in gymnastics. I further authorize the clubs' officers to obtain medical assistance as may be deemed necessary and agree to meet any associated medical expenses.

Signed.....

### MEDICAL AWARENESS

Do you suffer from one of the following? **Please circle**

Epilepsy	Allergies	Asthma	Diabetes
Fainting	Nosebleed	Anaemia	Concussion
Blurred Vision	Needs Glasses		

Any other medical condition of which we should be aware.....

.....

In case of emergency contact: Name..... Phone/mob .....

### OPTIONAL INFORMATION

How did you become aware of this club/venue? **Please tick and circle**

Recommendation from other people	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>
Another gymnast in the Club	<input type="checkbox"/>	Website / Internet	<input type="checkbox"/>
Returning to the Club	<input type="checkbox"/>	Newspaper Article	<input type="checkbox"/>
Television Commercial	<input type="checkbox"/>	Yellow Pages / YP Online	<input type="checkbox"/>

Occupation .....

**Privacy Statement:** All information is confidential and is used to provide club services to members and for internal accounting and administration only in accordance with the Club's Privacy Policy.