



2012 Membership Form

21 CLARICE ROAD, BOX HILL SOUTH, 3128

TELEPHONE/FAX: (03) 9890 2588

WEBPAGE: www.easterngymnastics.com.au

EMAIL: enquiries@easterngymnastics.com.au

The information on this form is covered by Eastern Gymnastics Club's Privacy Policy, available on our website.

Gymnast Name				Gender	M / F
Date of birth			Kinder/School		
Address					Postcode: _ _ _ _ _
Contact Phone	Home		Work		
	Mobile		Other		
Emergency (name & number) <i>Should be different to contacts above</i>					
Email address					
Email is the quickest and cheapest method of communication for the club. Please assist us by providing a regularly checked email address. Most club correspondence will be sent in this manner.					
Class joining	Acro Adults Gymfun Gymstar Kinderym MAG National MAG State Rhythmic MAG Level: Day: Time:				
Any relevant medical conditions?*	<input type="checkbox"/> Asthma <input type="checkbox"/> Heart condition <input type="checkbox"/> Joint problems <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Allergies <input type="checkbox"/> Other:				
Further medical details (Severity, medication etc)	Does gymnast use an asthma inhaler? Y / N Does gymnast use an EpiPen? Y / N If yes, please attach a copy of your current action plan to this application				
Ambulance cover	Y N	Medicare number			
Private hospital cover?	Y N	Name of health care fund:			
Names of Parents / Guardians	If gymnast under 18				
Occupations (optional)					

Declaration

I, the undersigned, approve this application for membership and in doing so, agree that Eastern Gymnastics Club Incorporated and/or its representatives (the Club) be free and clear of any responsibility for any accident or illness during the applicant's participation in any activity concerned with this enrolment to the extent permitted by law. I further authorise the Club to obtain any medical assistance as is required and agree to meet any expense attached thereto. I declare that the applicant has been in good health and agree to advise immediately in the event of his or her contracting any ailment likely to be detrimental to the health of others or sustaining any relevant injury. I also agree to abide by the rules and policies as set by the club, which are available on request from the office, or on our website: www.easterngymnastics.com.au.

Consent to use photographs and video footage

I, the undersigned, consent to the use of photographs and/or video footage of the applicant taken by Eastern Gymnastics Club Incorporated and/or its representatives (the Club) in the performance or training of gymnastic skills to publicise or display the Club or gymnast's achievements or activities. I further authorise the Club to give permission for photography of the applicant at external events.

Signed _____ Date _____

Name (please print) _____

How did you hear about Eastern Gymnastics Club?			
Continuing member/returning member		Family member attends club	
Gym Party		Melbourne Child magazine	
Gymnastics Australia/ Gymnastics Victoria website		Club Website	
Referral from existing member: _____			
Other (please specify):			

Helping the Club

Please indicate below if you are interested in volunteering to help the club with the following (circle any appropriate):

Events (some weekends)	Weeknights during term/occasional		Gymnastics
Event set-up	Canteen/coffee shop	Organising fundraisers	Coaching
Event pack-up	Uniform shop	Dusting Trophies	Judging
Event canteen	General help	Updating notice board	Scoring
Event door	Washing towels	Tidying parent corner	
Event music	Checking first-aid kit	Vacuuming	

Please let us know if you have any other special skills that might be of use!