

Albany Creek Gymnastics Club Inc.



ENROLMENT / TRIAL FORM

info@acgci.com.au or 07 3325 2300

Annual fees and class fees are non-refundable.

Parent / Guardian)

this will be used as the emergency contact

First name:	Surname:
Address:	
Suburb:	Postcode:
Email:	Mobile:

Student 1

First name:	Surname:
D.O.B.:	Gender: M / F Photo / Media Allowed: Y / N

Medical Information

Any allergies or conditions?
Is your child on any medication we should know about?
Any condition that could prevent your child from some activities?

Student 2

First name:	Surname:
D.O.B.:	Gender: M / F Photo / Media Allowed: Y / N

Medical Information

Any allergies or conditions?
Is your child on any medication we should know about?
Any condition that may prevent your child partaking in some activities?

Please read carefully and initial

Initial

I understand that gymnastics is a risk sport and while all due care will be taken, injuries may still occur. In the event of an injury. The club is authorised to take whatever action is necessary, and I hereby waive the club of any liability. The emergency contact will be used.	
Fees are payable whether your child attends or not. If you are unable to attend, please advise the office and a "make-up" can be arranged. Up to a max of 2 per term.	
In the interest of safety, I agree to collect my child from INSIDE the club after the class has ended.	
Unless stated above, my child / children's image may be published in any social media that the club uses.	
I understand that failure to pay either the Annual Fee or the Term Fee may result in the gymnast being excluded from class until payment is made.	

Signature:

Date:

Notes:

1. Allow 48 hours for your online account to be created.
2. "Pay in Advance". Class fees and registration fees will be charged before the start of each term or upon enrolment and applied to the online account.
3. Fees are payable before the start of each term or before the due date.
4. Additional parent(s) or guardians can be added online, once registered.

Office Use Only

Registration fee:	Pay type: EFT / ICP
Online account created: Y / N	Pay date:
Registered with GA: Y / N	
Staff initials	Processed date:
Student 1 Class	Date Time
Student 2 Class	Date Time