



Postal Address: PO Box 130
Clarinda, 3169

BENTLEIGH MCKINNON GYMNASTICS CLUB
ENROLMENT, MEDICAL & AGREEMENT FORM 2024

Gymnast's First Name	Gymnast's Surname	Date of Birth

Postal Address

Home Address:

Suburb:Postcode:

Contact Email :

Parents/Guardians Contact Details

Primary Contact
Full Name:
Relationship to
gymnast:

Phone no:

Secondary Contact
Full Name:
Relationship to
gymnast:

Phone no:

**Emergency Contact Details – Person to be contacted during training times IF PARENT OR
GUARDIAN IS UNREACHABLE**

Full name:

Relationship:

Phone:

**Are there any current custody arrangements or other details of which the Club should be aware?
Please inform the Club Manager of these arrangements.**

YES // NO



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NOTE: In the event of serious injury, an ambulance will be called first, followed by the parent and if required, the emergency contact. All expenses will be the responsibility of the parent/guardian, not Bentleigh McKinnon Gymnastics Club.

MEDICAL HISTORY – (Information will be made available to coaching staff if required but will be strictly confidential)

Any Medical Details that we should know about ?

- Epilepsy Asthma Allergies Anaphylactic - Action Plan Yes / No
- Visual issues Physical issues Autism Spectrum Injuries Other

Comments

Has your child ever been treated for a head, neck or spinal injury? Give details: Yes // No

HEALTH CARE DETAILS

Private Doctor's name: Ambulance Cover: Yes // No

Address: Phone:

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Parent Consent:

I grant permission to Bentleigh McKinnon Gymnastics Club (BMGC) to use, reproduce and communicate (in hardcopy or electronic format) any photographs, and/or video recordings taken of my child during training or competitions, for use in Club publicity including the Club website and Social Media pages.

I wish to opt out

I hereby certify that I am the Parent/Guardian of the above child. I understand that participation in gymnastics activities carries with it a reasonable assumption of risk. I understand an ambulance will be called in the case of a serious injury, at my expense. I give consent for my child to participate in gymnastics classes at Bentleigh McKinnon Gymnastics Club.

Print Name: Signature of Parent/Guardian

Date: