

# MITCHAM RHYTHMIC GYMNASTIC CLUB INC.

PO Box 14 Highgate SA 5063  
e-mail: mitchamrgc@gmail.com



## 2025 ENROLMENT FORM – CONTINUING GYMNAST

SURNAME\_\_\_\_\_ FIRST NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_ POST CODE\_\_\_\_\_

TELEPHONE\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_

EMAIL\_\_\_\_\_

Note: Correspondence will be sent via Email

EMERGENCY CONTACTS: (Parent, Guardian, Caregiver or Relative to be contacted during training times)

1. Name\_\_\_\_\_ Relationship to gymnast\_\_\_\_\_

Phone\_\_\_\_\_

2. Name\_\_\_\_\_ Relationship to gymnast\_\_\_\_\_

Phone\_\_\_\_\_

Do you give the Club permission to use your child's name and/or photo, for example in newspaper articles, promotional material, on the Club website and/or social media pages? YES / NO

Do you give the Club permission to take video or DVD of your child whilst participating in a Club Display or representing the Club at a Competition? YES / NO

Name of Parent or Guardian, and address for account purposes (if different from above)

Fee/further information:

- Fees payable include:
  - Gymnastics Australia registration/insurance \$120.50 pa for squad gymnasts and \$61.75 pa for recreational stream. Will be invoiced in term 1.
  - Club membership fee \$50 pa. Will be invoiced in term 1.
  - Class fees level 0-1 \$175 per term / level 2-3 \$200 per term. Squad gymnasts - refer to separate fee schedule. Sibling discount of 10% on class fees applies. Class fees will be invoiced once a term.
- SA Government Sports Vouchers are accepted for children in reception to year 9, valued at \$100 per calendar year (\$200 pa from 2025).
- No refunds given for classes missed, unless approved by MRGC committee and will only be considered for lengthy absences due to illness or injury with supporting doctor's certificate.
- Recreational stream gymnasts train during school terms only and not on public holidays.
- Squad gymnasts train throughout the whole year with a short break for Christmas/New Years. Squad gymnasts do not train on public holidays unless specifically requested by coaches.

GYMNAST SURNAME\_\_\_\_\_ FIRST NAME\_\_\_\_\_

## MEDICAL INFORMATION

This information will be kept in the strictest confidence.

Does your child have any of the below conditions?

If yes, please give details/special instructions. If medication is required please send with gymnast labelled clearly including dosage. **Please provide a copy of a Health Care Plan if your child has any of the following conditions.**

Convulsions/Seizures (eg Epilepsy)	Yes / No	
Asthma or other chest problems (If yes, please describe action required)	Yes / No	
Allergies (If yes, please describe action required)	Yes / No	
Diabetes (If yes, please describe action required)	Yes / No	
Vision problems	Yes / No	
Ear/Hearing problems	Yes / No	
Other relevant conditions / injuries	Yes / No	
Current medication	Yes / No	

Is there any other information that may be relevant to the health or wellbeing of the gymnast during gymnastic sessions, training or activities or any emergency that may arise?

By joining Mitcham Rhythmic Gymnastic Club I acknowledge that:

- **It is my responsibility to advise the club or my child's coach if any of the above medical information or contact details change.**
- My daughter will also become a member of Gymnastics Australia and Gymnastics SA and will be bound by all rules, regulations, policies and procedures of Gymnastics Australia and Gymnastics SA.
- I understand the applicable fees.
- The club may discontinue my child's enrolment if fees are not paid in a timely manner.

Parent signature\_\_\_\_\_ Date\_\_\_\_\_