

MITCHAM RHYTHMIC GYMNASTIC CLUB INC.

PO Box 14 Highgate SA 5063

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2026 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 photos 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/SA registration/insurance \$129 pa for competitive squad gymnasts and \$65 pa for recreational stream. Will be invoiced in term 1.
- Club membership fee \$50 pa.
- Class fees per term are level 0-1 \$185 / level 2-3 \$210 / pathway to squad \$230. Squad gymnasts - refer to separate fee schedule. Sibling discount of 10% on class fees applies. Class fees will be invoiced once a term.
- Costume levy for end of year display day of approximately \$30 will be invoiced in term 3.
- SA Government Sports Vouchers are accepted for children in reception to year 9, valued at \$200 per calendar year.
- 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 a supporting doctor's certificate.
- Recreational stream/pathway to squad gymnasts train during school terms only (no training in the last week of school term) 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	If yes, please describe action required -
Asthma or other chest problems	Yes / No	If yes, please describe action required -
Allergies	Yes / No	If yes, please describe action required -
Diabetes	Yes / No	If yes, please describe action required -
Vision problems	Yes / No	
Ear/Hearing problems	Yes / No	
Optional – any disability, impairment, access requirements or long-term condition that may affect participation in this sport?	Yes / No	If yes, please give details -
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 _____