

	
Parent RSL Member No	
NSW Gymnastics No	



GYMNASTICS Enrolment Form

Member Gymnast Details

Surname					
First Names				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address					
Suburb				Postcode	
Date of Birth	/ /	Age		Contact Phone	

Family Contact Information (if member is Under 18 yrs)

Fathers Name		Mothers Name	
Work Phone		Work Phone	
Mob Phone		Mob Phone	
Email Address			

Who do we contact in case of Emergency?

Name			
Relationship		Contact Number	

Member Information

Yes No

If yes, please give more info below

Are there any medical conditions that may prevent or hinder the member from participating in gymnastics?	<input type="checkbox"/>		
Does the member suffer from any allergy from food or drugs?	<input type="checkbox"/>		
Does the member suffer from ADD or other similar neurological condition?	<input type="checkbox"/>		
Has the member had any major surgery or illness that we may need to know about? Doctors Clearance will be required upon request.	<input type="checkbox"/>		
I give my permission for the above mentioned member to be photographed and / or videoed while participating in any club activity. I consent for the photographs and / or video to be used for publicity if required.	<input type="checkbox"/>		
I give my permission for the above member to receive Medical and / or Ambulance assistance in case of emergency and agree to pay all such costs incurred.	<input type="checkbox"/>		
I understand that I may access the member personal information withheld by the club upon request.	<input type="checkbox"/>		
I understand a formal Registration Policy is recorded and I agree to the terms and conditions outlined in the policy document of the CHFAC web site and also available to me upon request at Gymnastics Reception.	<input type="checkbox"/>		
The information provided on this form is complete and correct to the best of my knowledge and I undertake to advise the Club promptly of any changes that may occur.	<input type="checkbox"/>		
I have read and understand this enrolment application and club rules and agree to the terms and conditions stated therein.	<input type="checkbox"/>		
Medicare No.		Health Fund	

I hereby indemnify the Castle Hill RSL Junior Sports Club, the Castle Hill RSL Club and its affiliated Clubs, their Officers, Coaches and Assistants against any claim by or on behalf of the member/myself while participating in club activities. I, _____, the member or the parent or Guardian of _____ give permission for the CHRSL Club to obtain medical attention as required for emergency situations, if I or my nominated others cannot be contacted. I understand that all associated costs of this treatment are my liability and not that of the Castle Hill RSL Gymnastics Club, the Castle Hill RSL Club and / or its representatives. To the best of my knowledge, the participant is a normal healthy person able and willing to take part in CHRSL Gymnastics Club activities.

Signed (Member or Parent /Guardian)		Dated	□□ / □□ / □□□□
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Castle Hill RSL Club

Contract for Castle Hill Fitness & Aquatic Centre Activities

Please read the Information carefully and then Sign, Date and present to your Instructor, Staff or Host.

“Activities” means any use of the Facilities in any way whatsoever.

“Facility” means all the equipment, climbing ropes, harnesses and all and every other piece of equipment in the Castle Hill Gymnastics Centre.

“I” means personally or by his/her parent or guardian.

“Castle Hill Fitness & Aquatic Centre Gymnastics” means Castle Hill RSL Club, Castle Hill Fitness & Aquatic Centre and it’s staff whether employees or instructors.

1. I acknowledge and agree that:
 - 1.1 Castle Hill Fitness and Aquatic Centre Gymnastics excludes all conditions, warranties and terms implied by statute, general law or custom, except any implied conditions or warranty the exclusion of which would contravene any statute or cause this clause to be void (**Non-Excludable Condition**) and:
 - 1.2 Castle Hill Fitness and Aquatic Centre Gymnastics’ liability for breach of a Non-Excludable Condition is limited to resupply of the services or payment of the cost of resupplying the services, in respect of which the breach occurred.
- 2 I acknowledge and agree that the Activities which are undertaken are for the purposes of recreation, enjoyment or leisure, involve a significant degree of physical exertion or physical risk and that Castle Hill Fitness & Aquatic Centre Gymnastics excludes all liability of death or personal injury relating to any participation in such Activity however arising, including without limitation whether caused by the negligence of Castle Hill Fitness & Aquatic Centre Gymnastics in accordance with the Trade Practices Act 1974.
- 3 I release and indemnify Castle Hill Fitness & Aquatic Centre Gymnastics against any claim arising out of this contract in relation to any injury or death from the activity.
- 4 I am aware that the Facilities, in addition to the usual inherent risks, has certain additional dangers of which may include:
 - 4.1 Physical exertion for which I am not prepared.
 - 4.2 The use of gymnastic equipment which if used incorrectly fails to perform its designed purpose.
- 5 I accept all the inherent risks of the proposed activities and acknowledge that the enjoyment and excitement is in part derived from the inherent risks incurred by participation in an activity where risks are greater than the accepted safety of life at home or at work.
 - 5.1 I have supplied the correct medical information regarding my physical person in order for staff of instructors to involve me in these Activities.
 - 5.2 I have supplied written permission for the instructor to seek Medical Assistance that is deemed necessary in the event of an accident, and agree to pay all medical costs incurred.
- 6 In entering into this contract, I am not relying on any oral, written or visual representation or statements by Castle Hill Fitness & Aquatic Centre or any other inducement or coercion to participate in the Activities, and do so of my own free will.
7. **Our Privacy Policy:**
 - 7.1 We are committed to protecting your privacy. We use the information you provide to advise about and assist with your activities. We do not trade, rent or sell your information.
8. I confirm that I have read:
 - 8.1 The above and understand this contract prior to signing it and agree this will be binding upon my heirs, next of kin, executors and administrators.
 - 8.2 The Rules and Regulations displayed at the entrance to Castle Hill Fitness & Aquatic Centre Gymnastics and agree to be bound by them, including the Gymnastics policies outlined on the web site and available at Gymnastics reception.
 - 8.3 Your Privacy Policy
9. I agree that this agreement shall be governed in all respects by and interpreted in accordance with the law in force in the State of New South Wales.

Member to Sign (Parent or Guardian to sign if under the Age of 18 years)

By signing this form I acknowledge that I enter into this contract in my own capacity on behalf of the member.

I _____ being the member or parent / carer of _____

Hereby consent to the member participating in the activities above and agree to abide by the terms and conditions as set out above.

SIGNATURE OF MEMBER or PARENT / GUARDIAN _____ DATE ____/____/____

Castle Hill RSL Junior Sports Club Gymnastics at Castle Hill Fitness & Aquatic Centre

77 Castle St, Castle Hill, NSW 2154

Ph: 9846 1270

Fax: 9846 1222

ABN: 35 001 043 910

CHRG is committed to ensuring the safety of all children and vulnerable persons, in line with The National Office for Child Safety and their prescribed National Principles for Child Safe Organisations, which have been developed from the Child Safe Standards recommended by the Royal Commission. If you have any concerns for your child or a vulnerable persons safety, please contact our child safety and vulnerable persons officer at csvpofficer@chrg.com.au