



Membership Enrolment Form

Updated: February 2010



Membership Form 2010

				M	F
Child's Name		Date of Birth (11 January 1981)		Sex	
School Attending		2008 School Year Level			
Mothers Name/Guardian's Name		Fathers Name/Guardian's Name			
()	()	()	()		
Home Phone		Work Phone		Home Phone	
Mobile Number		Mobile Number			
Address		Address - please list if there are different residential locations			
Suburb and Postcode		Suburb and Postcode			
Primary Email Address					
We have a tradition of awarding 3, 5 and 10-year awards to the gymnasts at the end of each year. These awards are presented on a cumulative count. Could you please confirm when your child started at BALANCE GYMNASTICS ?					
Term		Year			
We would love to know how you heard about our club, please indicate by ticking one on the boxes below, which best describes how you learnt of our club					
Birthday Party		Local Newspaper		Yellow Pages	Local School
Word Of Mouth		Internet		Holiday Program	Other _____
Alternative Emergency Contacts					
Name of Primary Emergency Contact (Other to parent/guardian)		Name of Secondary Emergency Contact (Other to parent/guardian)			
()	()	()	()		
Home Phone		Work Phone		Home Phone	
		Work Phone			

Please see 2nd page for more details required



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Medical Information	
Name of Private Doctors Clinic	
Address	Suburb and Postcode
Physician's Name	Phone Number
Past Allergies/Special Health Considerations that BALANCE Staff should be aware of i.e. Epilepsy, Hepatitis, Hernia, Diabetes, Heart conditions, Asthma, Bone injuries etc	
Current Allergies/Special Health Considerations that BALANCE Staff should be aware of i.e. Epilepsy, Hepatitis, Hernia, Diabetes, Heart conditions, Asthma, Bone injuries etc	