

Membership Form

		M	F
Child's Name		Date of Birth (11 January 1981)	
		Sex	
School Attending		School Year Level	
		Fathers Name/Guardian's Name	
Mothers Name/Guardian's Name		Fathers Name/Guardian's Name	
() ()		() ()	
Home Phone	Work Phone	Home Phone	Work Phone
		Mobile Number	
Mobile Number		Mobile Number	
		Address	
Address		Address – please list if there are different residential locations	
		Suburb and Postcode	
Suburb and Postcode		Suburb and Postcode	
Email Address			
Email Address			
<p>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</p>			
Term		Year	
<p>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</p>			
<input type="checkbox"/> Birthday Party <input type="checkbox"/> Word Of Mouth	<input type="checkbox"/> Local Newspaper <input type="checkbox"/> Internet	<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Holiday Program	<input type="checkbox"/> Local School <input type="checkbox"/> 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

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	

General

Members and visitors to the Balance Gymnastics must comply with the rules of Balance Gymnastics all times when on premises.

Each child that is in a program must be a member of Balance Gymnastics. Membership includes an insurance component which is required by Gymnastics Australia.

Each child that attends a class must appear on our class lists. This ensures that we have correct staffing ratios and are aware of all children who are in the centre at all times.

No parents/carers are permitted in the gym for the safety of our participants. KinderGym parents/carers are permitted in the gym during their child's program.

Outside of program time your child is your responsibility.

For safety reasons no jewellery, baggy clothing or restrictive clothing can be worn during programs. Hair must be tied back and off the child's face. Please leave jewellery articles at home. The staff will not be responsible for ANY items that may be lost or stolen. Be sure your student's personal items are marked with their name.

Any persons attending class that have a pre-existing injury or special needs must notify administration at time of booking.

Arrival and Pickup

Be sure your student arrives 5 minutes before his/her scheduled class time. Please pick up your student on time. Please inform us if you know you will be late picking up your student. Instruct your student to wait inside the building and you should escort them from the building to your car. During peak times the car park is crowded. Please take into consideration that our "students" may include young children. Please drive slowly and carefully. Do not take a chance on your student running to and from your car.

Fees

Term fees are due no later than the end of the 2nd week of term. Unpaid fees will result in an administrative charge (\$50) and your child may not be permitted to participate in class until all fees are paid. We ask that if for any reason you are having trouble paying your account by the due date that you contact the office. If you do not let us know what is happening then we cannot help you.

Payment Methods

1. Internet Banking Transfer - BSB 083 269 Account Number 87288 0164. Please put your Surname in the reference box so that we can match your payment to your tuition fees.
2. In person at reception during through the use of EFTPOS (debit, Mastercard, Visa) cash or cheque. Please note that a 2% surcharge will be charged for any credit card payment made in person.
3. Credit card payment via the telephone.
4. Quick Payment Drop Off Box - located on the Right hand side of the front reception counter. Simply place your payment in an envelope with name and payment details.

Please Note: A 2% surcharge will be charged for any credit card payment made in person or over the phone. Online banking, cheque and cash do not attract a surcharge.

Payment Date

All accounts must be settled in full prior to the end of the 2nd week of each term. Accounts not paid by the 2nd week of term may incur a surcharge of \$50 per invoice.

Refund Rules

The following rules will apply:

- Non-attendance at general training sessions does not qualify a customer for a refund, transfer, credit or exchange against fees paid.
- Pre-payment of lesson fees and annual Club registration fees, are a requirement to ensure a class position is available.
- Training fees do not include costs for events, level badges or any uniform items. The fees are applied for the coaching/tuition provided and use of the Club's gymnastics related equipment.
- A non-refundable annual Club membership and Governing body registration fee applies. This membership is valid from January 1st to December 31st in the current year.
- Claims for refunds, transfer, credit or exchange will not be considered unless accounts are paid up-to-date or in credit.

Make Up Lessons

Make-up classes can be arranged for genuine illness and/or special circumstances outlined below. However, notification of absence must be given prior to the customer missing the start of their normal training session.

Holidays: There are no make up-sessions. Gymnasts who miss training sessions to go on holidays or for any other reason are not entitled to a fee reduction or credit unless the period extends over four weeks. No refund or discount is given for gymnasts who are away on gymnastics trips or tours. There are no classes held on public holidays. No discount is given for these days as they were allowed for when the term fees were set.

Illness: Where possible make-up lessons will be offered for illness related absences at the discretion of the administration staff. Options will be given to parents who make enquiries regarding make-up lessons. Bookings are essential. Owed makeup lessons will not be carried over into the following Term. To maintain class ratios and quality coaching, gymnasts will only be offered make-up sessions which the administration team feels would be in the best interests of the club, the coach and the other gymnasts. Gymnasts will not be allowed into a make-up class unless a booking has been made for that class. If a gymnast is ill for a period longer than four weeks, a medical certificate is supplied, and the Accounts Manager is notified in writing, then parents may be offered the option of a 30% credit for the time missed, provided that the gymnast has not trained at all during this period. If any injury is sustained in the gymnasium training area and is witnessed by Balance staff, then a 100% credit may be issued at the discretion of the Accounts Manager.

(Agreement subject to change without notice)

Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Membership Waiver

General

As legal guardian of all of my student(s), I hereby consent to the all person(s) participating in programs conducted by Balance Gymnastics. I recognise that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student and, in consideration for allowing my student to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** the this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, and coaches involved in the this facility program, from all liability and for any and all damages and injuries suffered by my student during instruction, supervision, and/or control during any and all classes.

Media Recording

As legal guardian of all of my student(s), I hereby grant permission for Balance Gymnastics to use an image of my child for marketing purposes. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Balance Gymnastics Web site or multi-media presentations.

(Agreement subject to change without notice)

Signature: _____ **Date:** _____

Parent/Guardian Name: _____