



# Gym Kids

## Contact details

Childs Name \_\_\_\_\_ Male  Female  Returning:  Yes  No  
D.O.B \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Carers Name \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Booking information (please tick appropriate boxes for time, term and program)

<input type="checkbox"/> 9.30am – 10.00am 1 – 2 years	<input type="checkbox"/> Term 1	<input type="checkbox"/> Program 1
<input type="checkbox"/> 10.15am – 11.00am 2 – 3 years	<input type="checkbox"/> Term 2	<input type="checkbox"/> Program 2
<input type="checkbox"/> 11.15am – 12.00pm 3 – 4 years	<input type="checkbox"/> Term 3	
	<input type="checkbox"/> Term 4	

All classes held on Mondays.

## Medical conditions

Medical conditions (e.g. epilepsy, asthma) \_\_\_\_\_  
Any allergies (e.g. foods, bee stings) \_\_\_\_\_

I acknowledge that participation in any gymnastics program that is run by the Margaret River Recreation Centre undertaken by myself, other family members and/or visitors is at my own risk.

I understand that no liability of personal injury, loss or damage to personal effect is accepted by the Margaret River Recreation Centre or its Employees whilst attending this program.

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Office use only

Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Booked in Class \_\_\_\_\_ Confirmed \_\_\_\_\_