



Athlete Registration Form

Athlete Information					
Surname	<input style="width: 100%; height: 20px;" type="text"/>				
First Name	<input style="width: 100%; height: 20px;" type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address	<input style="width: 100%; height: 20px;" type="text"/>				
Suburb	<input style="width: 100%; height: 20px;" type="text"/>	Postcode	<input style="width: 100%; height: 20px;" type="text"/>		
Date of Birth	<input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 20%; height: 20px;" type="text"/> / <input style="width: 40%; height: 20px;" type="text"/>	Age	<input style="width: 20%; height: 20px;" type="text"/>	Mobile	<input style="width: 100%; height: 20px;" type="text"/>
Parent/Carer Contact Information (if athlete is under 18 years)					
Name	<input style="width: 100%; height: 20px;" type="text"/>				
Relationship	<input style="width: 100%; height: 20px;" type="text"/>	Mobile	<input style="width: 100%; height: 20px;" type="text"/>		
Home Phone	<input style="width: 50%; height: 20px;" type="text"/>	Work Phone	<input style="width: 100%; height: 20px;" type="text"/>		
Email Address	<input style="width: 100%; height: 20px;" type="text"/>				
Who do we contact if we cannot reach you? (eg neighbour, grandparent)					
Name	<input style="width: 100%; height: 20px;" type="text"/>				
Relationship	<input style="width: 100%; height: 20px;" type="text"/>	Contact Number	<input style="width: 100%; height: 20px;" type="text"/>		

Athletes Health Information	
Does the participant suffer any of the following: If yes, please tick the appropriate box.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma* <input type="checkbox"/> Epilepsy or convulsions* <input type="checkbox"/> Headaches <input type="checkbox"/> Diabetes <input type="checkbox"/> Disability <input type="checkbox"/>	
Fainting or Dizzy Spells <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> ADHD <input type="checkbox"/> Allergies/Anaphylaxis* <input type="checkbox"/>	
If yes to any of the above please give full details including medications and attach action plan for *:	
Does your child have any injury, illness or disability that may impact on their ability to participate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to the above please give full details:	
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.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicare No.	<input style="width: 100%; height: 20px;" type="text"/>
Health Fund	<input style="width: 100%; height: 20px;" type="text"/>

Media Release/Photography/Video/Social Media	
From time to time we use social media to promote our business, please indicate below if you give consent for your child's photo to be taken.	
I give consent for my child to be photographed, I understand the photos could be used in any of the following media types including: Facebook, Instagram, KSTP Website, Newsletters, and any Advertising Material	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give consent for my child to be videoed, I understand the photos could be used in any of the following media types including: Facebook, Instagram and KSTP Website.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fees Policy
<ul style="list-style-type: none"> • Club Registration and Affiliation is due on the first class and is nonrefundable. • KSTP fees are paid by the term and due on the first class for all recreation programs with the exception of KinderGym (casual passes available). • Competitive and Squad classes train during the school holidays. Families are required to advise the front desk prior to the holidays if their child is not training in the holidays otherwise fees are payable. • Fees are due by the date indicated on the invoice unless a payment plan has been arranged with the front desk. • Payments can be made by eftpos, cash, cheque or electronic funds transfer. • Make up lessons are available for missed classes within the term for Tiny Tumblers, GymFun and GymSkills. • Makeup lessons are not available for Tigers, Advanced, Elite, Pre Levels, Bilbies and Levels. • There are no refunds given for missed classes in any class unless injured or sick for 2 weeks or more and a doctor's certificate is provided. • Fees are not refunded for change of mind, clashes with other sports or disinterest.

Acceptance of membership
<p>Your acceptance of membership with Kachan School of Tumbling and Performance is based on the acknowledgment and agreement of the following conditions;</p> <ul style="list-style-type: none"> • I acknowledge that we have read the terms and conditions of the enrolment and agree to adhere to these terms. • I acknowledge that KSTP will email the Club Handbook which includes our full terms and conditions to the email address supplied above and I agree to read and adhere to those terms. • I acknowledge the policies and procedures and club rules are displayed in the front foyer in addition to the above mentioned email I will receive. • I have ticked the box indicating if I give consent for photography and video to be taken and used. • I acknowledge and agree that the activities which are undertaken for the purposes of recreation, enjoyment or leisure, involve a significant degree of physical exertion or physical risk and that KSTP excludes all liability of personal injury relating to any participation in such activity. • Participants take part at their own risk, and the risks involved in such a program are fully understood by me and my child. • I have ticked the box that gives permission for my child to receive medical and/or ambulance assistance in case of an emergency and agree to pay for all associated costs. • I hear by release all rights and claims for damages, accidents and/or loss of property that I have at any time against Kachan School of Tumbling and Performance, and its representatives, whether paid or volunteer, for any injuries or damages in connection with the Activities. • The information provided on this form is complete and correct to the best of my knowledge and I undertake to advise KSTP of any changes that may occur.

Signed (Member or Parent /Guardian)		Dated	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Disclaimer
<p>I hereby indemnify the Kachan School of Tumbling & Performance (KSTP) 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 KSTP 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 Kachan School of Tumbling & Performance and / or its representatives. To the best of my knowledge, the participant is a normal healthy person able and willing to take part in KSTP club activities.</p>

Signed (Member or Parent /Guardian)		Dated	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Program Information (for office use only)										
Recreational Affiliation Fee	KinderGym <input type="checkbox"/>		Tumble Tots <input type="checkbox"/>		Tiny Tumblers <input type="checkbox"/>		GymFun <input type="checkbox"/>		GymSkills <input type="checkbox"/>	
	GymSkills Advanced <input type="checkbox"/>		Triple T <input type="checkbox"/>		Early 1 Pre Squad <input type="checkbox"/>		Stage 1 State Squad <input type="checkbox"/>		Stage 1 National Squad <input type="checkbox"/>	
Competitive Affiliation Fee	Stage 2 State Squad <input type="checkbox"/>		Open Intermediate Levels <input type="checkbox"/>		Open Advanced Levels <input type="checkbox"/>		Stage 2 National Squad <input type="checkbox"/>		Junior National Age <input type="checkbox"/>	
	Open Age Squad <input type="checkbox"/>		National Age Development <input type="checkbox"/>		KSTP High Performance <input type="checkbox"/>		Gym NSW High Performance <input type="checkbox"/>			
Day	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Sat <input type="checkbox"/>	Hours Week	<input type="text"/>	Entered	MYOB <input type="checkbox"/>	D/Base <input type="checkbox"/>
Date Joined	<input type="text"/>		Gymnastics NSW Number				Dual Membership		<input type="checkbox"/>	
Payment	Affiliation <input type="checkbox"/> Club Rego <input type="checkbox"/>									