



KARA KARA RG CLUB MEMBERSHIP FORM

GYMNAST NAME: _____

GYMNAST DATE OF BIRTH: _____ / _____ / _____

PARENT / GUARDIAN NAMES: Mother _____
(Please print)

Father _____

ADDRESS: Street: _____

Suburb: _____ P/C _____

TELEPHONE: H: _____ M: _____

EMAIL: _____

IN CASE OF EMERGENCY, only if parents are unavailable or we are unable to contact:

NAME _____ CONTACT NUMBER _____

ALLERGIES: YES / NO please circle

_____ MEDICATION _____ Food _____
If yes and severe please ensure you supply the club with your child's treatment plan
or guarantee that you will stay at the gym the entire time your child is training

In signing this form you are agreeing to abide by Kara Kara RG Clubs Code of conduct for parents & gymnast on behalf of yourself and the gymnast listed.

Your signature also indicates you have read and agree with our following policies

1. Hot Weather Policy
2. Training Attire Policy
3. Picking up /dropping of children
4. Training set up & Pack down schedule
5. Injury prevention form

Parent / Guardian Signature _____	2015	Day	Month
_____	_____	/	/
_____	2016	/	/
_____	2017	/	/

Please note your address and contact details are what we use to register your daughter with Gymnastics SA. If you move house or change address please let us know so we can update and make sure you don't miss any information they may send to gymnasts.

The Email you provide us with is the one we will send all communication & newsletters to from the club, we are happy to use 2 email addresses if that is more convenient for you, so feel free to put both down.