



Gymnastics Club Inc.

291 George Street
WANTIRNA SOUTH, VIC, 3152
Phone: 03 9758 1089
Email: info@knoxgymnastics.org.au
Web: www.knoxgymnastics.org.au

Holiday Program Enrolment Form 2024

Section A - Child Details

Childs Name/s: _____ D.O.B: _____ Age: _____
_____ D.O.B: _____ Age: _____

Please tick the chosen dates:

School Holiday Fun: \$30 per session (enrolled in primary school)

Week 1: 1.00-3.00PM

Date(s) of Participation; Tuesday 2nd April Thursday 4th April
 Tuesday 9th April Thursday 11th April

Payment is required at time of booking – see credit card details below

Medical Conditions: _____

Ambulance subscription: Y / N

Section B - Parent/Guardian Details

Name/s: _____

Email Address: _____

Mobile Number/s: _____

Section C - Terms and conditions of this program:

Rights to Use Image - In During the course of your activity, photographs may be taken of the people participating in the program. Knox Gymnastics requests the right to use these photos in the promotion of the **Special Event – Holiday Program** and the associated messages of participation in other Centre promotions. I hereby grant permission to Knox Gymnastics Club Inc, the right to use my physical likeness without restriction in any promotion or promotional material created by or for Centre programs or events.
I accept that no fee or remuneration will be provided for my appearance in any Knox Gymnastics Program and/or related promotions, and grants unlimited use of my image for this purpose only.

Authorisation - I, the undersigned, approve of the above application and in doing so, agree that the Knox Gymnastics Club Incorporated; its officers and servants are to be free and clear of all responsibility whatsoever, for any accident or loss of property during the applicant participating in any gymnastics activities. I further authorise you, in the event of such an accident to obtain medical assistance as is required and agree to meet any expenses attached thereto. I accept the conditions that govern the undertakings of program at this Centre.

Parent/Guardian Signature: _____ Date: _____

Electronic Signature Agreement. By selecting the "check box" and typing your name, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting the "check box" you consent to be legally bound by this Agreement's terms and conditions

Complete Credit Card details below or Call Office on 9758 1089

Credit Card _____ / _____ / _____ / _____ Expiry _____ / _____ CCV _____