

HOLIDAY PROGRAMME ENROLMENT FORM 2017



CHILD 1 DETAILS

NAME _____ MALE FEMALE DATE OF BIRTH ____/____/____

CHILD 2 DETAILS

NAME _____ MALE FEMALE DATE OF BIRTH ____/____/____

CHILD 3 DETAILS

NAME _____ MALE FEMALE DATE OF BIRTH ____/____/____

ADDRESS _____ SUBURB _____

POSTCODE _____

CONTACT DETAILS (PARENT/CAREGIVER)

◆ EMAIL: _____

SURNAME _____ GIVEN NAME _____ RELATIONSHIP _____

PHONE: HOME () _____ WORK () _____ MOBILE () _____

SURNAME _____ GIVEN NAME _____ MOBILE () _____

EMERGENCY CONTACT

SURNAME _____ GIVEN NAME _____

PHONE: HOME () _____ WORK () _____ MOBILE () _____

MEDICAL CONDITIONS:

Please list any medical conditions that may impact on the child participating in Gymsports (eg epilepsy, asthma, allergies etc).

In the unlikely event of an injury or illness occurring while the gymnast is participating in Gymsports, the Club or Gymsports NZ (as applicable) will make every effort to contact the emergency contact listed above as soon as possible. By signing this form you authorise the Club to administer such first aid as it considers necessary.

DECLARATION

- Accuracy:** The details set out in this Membership Form are true and correct. If they change I acknowledge that I am required to notify Tristar of the changes in writing as soon as possible after they occur.
- Bound by Rules:** I will be bound by the constitutions, regulations, policies, manuals, guidelines and reasonable directions of Tristar.
- Accept Risk of Gymsports:** I have voluntarily accepted and assumed the inherent risk of danger and injury in Gymsports.
- No Liability:** I will not hold Tristar or their respective officers responsible for any claims, losses and expenses and costs (including legal costs) which may arise from or in connection with my membership and/or participation in any activity authorised or recognised by Tristar except in the case of gross negligence or a willful act or omission on the part of Tristar.
- Indemnity:** I indemnify Tristar from all claims, losses and expenses (including legal costs) suffered or incurred at any time as a result of, or resulting directly or indirectly from, my failure to observe the constitutions, regulations, policies, manuals, guidelines and reasonable directions of Tristar.
- Medical Declaration:** I am medically and physically fit and do not suffer from any injury, disease or condition, either physical or mental, that would affect my ability to safely participate in any authorised or recognised activities of Tristar. If I am unsure about this declaration, or suffer from such a condition I have either listed it on this form or I am aware that I must bring it to the attention of Tristar.
- Interpretation:** Every reference to "I" and "my" in this document includes the child and the parent/guardian/caregiver of the child (if applicable).
- Health and Safety** is taken very seriously at Tristar. If my child is putting themselves or others in danger they will be sent home.

DECLARATION Parent/guardian/caregiver consent for members under 18 years:

I am the parent/guardian/caregiver of the child who is under 18 years of age. I have read and understood this form and the Declaration.

I also consent, or am authorised to consent, to the emergency contact details specified in this form being held by the Club for the purposes of contacting the person(s) named in an emergency.

GIVEN NAME:

SURNAME:

DATE:

Signature _____