REGISTRATION FORM

Parent/Guardian Details

FIRST NAME:______________________ LAST NAME:______________________

PHONE: _______________________ OCCUPATION:__________________________

EMAIL: ____ RELATIONSHIP_____________

ADDRESS: ____

GENDER: M / F

HOW DID YOU HEAR ABOUT US: ____

Participants Details

FIRST NAME:_____________________ LAST NAME:______________________

D/O/B:________________ GENDER: M / F

SCHOOL ATTENDING:____________________________

EMERGENCY CONTACT

NAME: ___________________ RELATIONSHIP: __________________________

PHONE: _________________________ MOB: __________________________

DOCTOR:___________________________

- I give permission for Australasian Gymnastics and Dance Academy (AGDA) to seek medical treatment, should the need arise, at my cost.
- By signing and returning this form you are agreeing to take part in the Academy programs.
- Photos and videos may be taken at any point and used for advertising purposes. Please advise reception beforehand if you do not wish to be included.
- You may receive newsletters and other marketing material from AGDA and/or Gymnastics QLD. You may opt out at any time.
- I agree to abide by ALL AGDA policies and procedures (found in members handbook, Parent Portal and on the website).
- Failure to abide with conditions will result in the participant not permitted on gymnastics floor and information may be passed on to credit agencies.

Ph: 0427 579 929 **E:** reception@agymda.com.au **W:** www.agymda.com.au

I agree to the above conditions (Parent/Guardian/Participant over 18yrs)

DATE ____/____/______ SIGNATURE ___________________________

(Office ONLY) Membership Number:_______________________

To assist us to prepare for an exercise based activity, could you please tell us the following information about your and exercise history.

Tick yes if the participant has ever had, have or are any of the following conditions:

YES	NO	
☐	☐	Spinal
☐	☐	Arm/Wrist/Elbow/Hand
☐	☐	Hip
☐	☐	Ankle/Foot
☐	☐	Neck
☐	☐	Thigh/Knee
☐	☐	Concussion
☐	☐	Shoulder
☐	☐	Rib Cage
☐	☐	Muscle Strains
☐	☐	Head/Skull Fracture
☐	(Other) please specify: ______________________	

YES	NO	
☐	☐	Have any false teeth of a bridge?
☐	☐	Been Advised or restricted activity in the last 5 years?

Please provide any medical, physical or intellectual condition that may have a bearing on the participants ability, safety or behaviour in class:________________

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Anything else not mentioned that we should be aware of?____________________________

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YES	NO	
☐	☐	Headaches
☐	☐	Numbness / Tingling
☐	☐	Tuberculosis
☐	☐	High Blood Pressure
☐	☐	Diabetes
☐	☐	Thyroid Disorders
☐	☐	Asthma
☐	☐	Epilepsy / Convulsion
☐	☐	Nose Bleeds
☐	☐	Pneumonia
☐	☐	Heart Murmur
☐	☐	Anemia
☐	☐	Skin Disorders
☐	☐	Hepatitis
☐	☐	Weak or ill in hot weather
☐	☐	Hearing Problems
☐	☐	Rheumatic Fever
☐	☐	Arthritis
☐	☐	Abnormal bleeding tendencies
☐	☐	Any allergies
☐	☐	Fainting spells / Dizziness
☐	☐	Loss of, or serious impairment of an organ

If you answered YES to any of the above, please elaborate: ______________________________

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PLEASE NOTE: It is your responsibility to inform the AGDA Staff of any changes to your physical condition.
Please contact the AGDA reception prior to commencing any further activity