

Extreme Cheer ALLSTARS

INFORMATION

TEAM: _____

ATHLETE DETAILS

First Name: _____ Last Name: _____

Address: _____

Suburb: _____ Post Code: _____

Date of Birth: _____

PARENT/GUARDIAN DETAILS

Name: _____

Mobile Number: _____ Emergency Contact: _____

Email Address: _____

MEDICAL HISTORY

Please advise of any medical or physical condition that may prevent your child from any activities:

Does your child take any medication that the coaches should be aware of?

TERMS AND CONDITIONS

- * The information provided on this form is complete and correct to the best of my knowledge and I'm to advise the gym of any changes that may occur.
- * I give permission for my child to be photographed or videoed while participating in any gym activities or events. These Photos may be used for publicity if required.
- * I understand and agree that as an athlete of Extreme Cheer Allstars there is a possibility of physical illness or injury. I take full responsibility of my child if they hurt themselves on our property during training, the gym owners shall not be held liable.
- * I understand and agree that all expenses such as medical treatment or ambulance assistance are my responsibility.
- * I understand I will be notified as soon as possible in event of an emergency.
- * Invoices must be paid in full within week 2 of each term. Any invoices that remain outstanding at the end of week 4 will incur a \$20.00 late fee.
- * Term fees must be paid in full regardless of the athlete attendance.
- * NO refunds on term fees or uniforms, unless the reason is noted and approved by mmanager.
- * I agree to and understand all terms and conditions listed by Extreme Cheer Allstars.

SIGN

Parent/Guardian Name: _____ Date : _____

(must be parent/guardian or over 18years)

ENROLMENT FORM 2014