## **AAG Gymnastics Program**

## **Enrolment Form**





## **Class Enrolment Details:**

| Class Type:   | Day:  | Tim  | e:  |
|---|---|--|---|
| Participant Personal & C  | ontact Details:   |  |   |
| Participants Surname:   | Participa   | ants First Name:   | M/F   |
| Address:  |   |  | Pcde:   |
| Home Ph:  | Work Ph:  | DOB;//   | Age:  |
| Parent Full Name (1):   | Pare  | ent Full Name (2):   |   |
| Mobile (1):   | Mob   | bile (2):  |   |
| E-mail (1):   | ail (1): Email (2):   |  |   |
| Parent Occupation: NB: All information provided on this form for AAG  | Par   | rent Occupation:   |   |
| How Did You Find Out Al Your Permission:  |   |  |   |
| Your Permission:  I hereby agree to myself / my child attendi accident.  I also give permission for medical / ambulated understand that the AAG course fees are understand that deferrals will only be configive permission for myself / my child to be consent to these photos / videos being us multimedia and website purposes.  I understand that as a member of this club policies and understand the reasons for the and 'Competitive Handbook'. These handbe I understand that the Australian Academy I understand that due to Covid-19, AAG has pants themselves MUST uphold whilst on a stand the importance of these covid-19 resises before signing this from. This can be for | ance assistance in case of emergency and non-refundable and that registration/masidered on a case-by-case basis with an ale photographed / videoed while participated for publicity purposes, within or outsity, and by signing this form, I have agreed the practices carried out by the club, coache ooks can be found on the website (see be of Gymnastics is not able to accommodate is implemented specific conditions for enour premises for the health safety and westrictions /measures and agree to uphold | agree to pay such costs incurred. embership is a pre-requisite of participati accompanying doctors certificate. ating in AAG activities. ide of the building, for print advertising, to abide by the terms and conditions, and les and staff in general that are outlined if elow). te make up lessons for classes. htry that all customers, patrons, parents, of ellbeing of all that enters our facility. By s | on. In the 'Club Parent Handbook' caregivers and the partici- igning this form you under- |
| Signed (member or parent / guard  | dian over 18) Parent  | '/Guardian's Full Name   | //  |
| *By signing this form I garee to all points m   |   |  |   |

## How do I Enrol and Make a Payment?

Step 1. Complete the entirety of this form. (Ensure all areas are completed and clearly).

Step 2. Payment secures your booking. Payment can be made in person when reception is open or over phone. Alternatively you can pay via a Direct Bank Transfer (A copy of the EFT transaction receipt must accompany this form in your email booking to us. Please ensure that you use your child's full name/s so that we can match this up accurately. Simply take a screen shot or photo and attach to your email).

Step 3. Send an email to us to complete the process (unless seeing an AAG staff member in person). Ensure you attach your completed enrolment form, payment transfer receipt and your child's covid 19 vaccination certificate (for those over 16yrs). We will need a separate enrolment form per child. Simply take a screen shot or photo and attach these documents to one email opposed to several. Keeping altogether in one email will ensure timely enrolment. Please remember to email/attach your Active Kids Voucher/s also and deduct \$100 from your payment. Please check to ensure it is still valid before sending through.

**EFT Details:** When paying by Direct Bank Transfer please include your child's full name in the description.

Commonwealth Bank—Australian Academy of Gymnastics

BSB: 062116 Account: 00126085

Reception Hours: Monday, Wednesday, and Friday morning (9:30-11:30am) and Saturdays (9-12midday).

Address: 1 Knox Street, Belmore, NSW 2192 Phone: 02 9759 2017 Email: admin@aagymnastics.net.au Website: www.aagymnastics.net.au