

CLUB DYNAMITE PTY LTD

REGISTRATION FORM

Quality Assurance Statement by Gymnastics Queensland

'Affiliated Clubs assure you of quality. Only Gymnastics Queensland affiliated Clubs have nationally accredited coaches and judges and nationally approved and quality assured gymnastics programs. Our clubs and their personnel and every gymnast who joins are fully insured for your protection. Gymnastics Queensland and its affiliates are recognized by the Queensland State Government, the Queensland Academy of Sport, the Australian Gymnastics Federation and the Australian Sports Commission'.

THIS REGISTRATION FORM HAS THREE (3) PARTS - PLEASE READ AND COMPLETE THE GYMNASTS DETAILS, MEDICAL INFORMATION FORM AND THE PARTICIPATION AGREEMENT

1. GYMNAST DETAILS

Gymnasts Name: _____

Male/Female: _____ Date of Birth: _____ Age: _

New Member: Yes/ No If No, Date Joined: _____ Class: _____

Referred By: _____

Previous Gymnastics: _____

Parents Names: _____

Address: _____

Suburb: _____ Post Code: _____

Phone (Daytime): _____ Phone (Evening): _____

Mobile: _____ Email Address: _____

Emergency Contacts:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

NOTE: Club Dynamite upholds the requirements under the *Privacy Act* 1988 (Cth) with respect to information disclosed and ensures information is used within the bounds of the *Privacy Act*.

2. GYMNASTS MEDICAL INFORMATION

Please complete the following in relation to the Gymnast identified above;

HEALTH INSURANCE: (Circle Yes or No) Yes/No

MEDICAL HISTORY:

In have had, or been told I have, or consulted a medical practitioner for (Circle Yes or No);

Heart Disease Yes/No Bronchitis Yes/No

High Blood Pressure Yes/No Fractures Yes/No

Migraine Yes/No Haemophilia Yes/No

Asthma Yes/No Diabetes Yes/No

Back/Neck Problems Yes/No A.D.D. Yes/No

Joint Problems Yes/No Epilepsy Yes/No

ALLERGIES:

Penicillin Yes/No Insect Bites Yes/No

Other: _____

VACINNATIONS: Yes/No Tetanus Yes/No

Any other further detail on any of the above: _____

I _____ declare that the information I have disclosed about myself and/or my child is true and correct. I have read and understand the Club Dynamite Policy Booklet and agree with the responsibilities of parents and carers statement.

PLEASE CIRCLE ONE

I **do/do not** allow Club Dynamite staff to call an Ambulance and administer first aid if necessary

I **do/ do not** allow Club Dynamite to use any photos/videos

I understand that this information is to be kept confidential and only used for the safety of myself/my child or is in an emergency

SIGNED: _____ **DATED:** _____

PRINT NAME: _____

3. PARTICIPATION AGREEMENT

I, the gymnast named below, **ACKNOWLEDGE:**

- The activities associated with participating in gymnastics can be hazardous and that serious accidents causing death, bodily injury, disability and damage (including property damage) can and do happen;

- Club Dynamite Pty Ltd through its affiliation with Gymnastics Queensland Inc. maintains limited insurance cover on gymnasts registered with Gymnastics Queensland Inc. provided such registration is current at the time of the event giving rise to a claim on such insurance (“the Insurance Scheme”).

IN CONSIDERATION of my being allowed to participate in the sport of Gymnastics administered by Club Dynamite Pty Ltd and Gymnastics Queensland Inc. and/or in consideration of the benefits which are available to me (or on my behalf) through the Insurance Scheme (the Schedule of Benefits of which I have read, acknowledged and accepted as being reasonable compensation, available on Gymnastics Queensland Inc. site <http://www.gymqld.org.au/PDFS/insurancepolicy.pdf>)

- I:-
- **Acknowledge and assume all risk** of death, bodily injury, disability or damage (including property damage);
 - **Waive all claims** which may be made by me or on my behalf against Club Dynamite Pty Ltd, Gymnastics Queensland Inc., its servants, agents and all persons and corporations operating under its auspices and authority and all gymnasts, judges, coaches, trainers and others registered with it (individually and collectively called “Associates”) for death, bodily injury, disability or damage (including property damage);

arising by, through or in connection with Club Dynamite Pty Ltd or caused or contributed to by acts of negligence or breach of contract by Club Dynamite Pty Ltd and its Associates to the full extent permitted by law.

FURTHER FOR THE CONSIDERATION set out above I **indemnify** Club Dynamite Pty Ltd and its Associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that Club Dynamite Pty Ltd and its Associates are not already indemnified or insured.

I AM AWARE this is a legal document and that I have had the opportunity of taking independent legal advice on it. After taking such advice (or waiving my right to do so) I confirm that I have signed this Agreement of my own free will knowing that **I have relinquished important legal rights.**

APPLICANTS		APPLICANTS	
NAME	_____	SIGNATURE	_____
		WITNESS	_____
DATE	_____	SIGNATURE	_____

In the case of the above named gymnast being under the age of eighteen (18) years, I, the parent or guardian of such gymnast **acknowledges I have read this document** and have had the opportunity of taking independent legal advice on it. After taking such advice (or waiving my right to do so) I confirm **I have accepted its terms** on behalf of such gymnast and **in consideration** of such gymnast being allowed to participate in the sport of Gymnastics administered by Club Dynamite Pty Ltd. **I indemnify** Club Dynamite Pty Ltd and its Associates against all liability arising as a result of such gymnast’s negligence (or the negligence of such gymnast’s servants or agents) in respect of any death, bodily injury, disability, damage (including property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that Club Dynamite Pty Ltd and its Associates are not already indemnified or insured.

PARENT/GUARDIAN		PARENT/GUARDIAN	
NAME	_____	SIGNATURE	_____
		WITNESS	_____
DATE	_____	SIGNATURE	_____

PAYMENT OF REGISTRATION FEE

Registration with the state and national association is due annually. Payment is due either on joining for new members or in February for existing members. This fee is your child’s insurance and is compulsory in all affiliated clubs in Australia.

REGISTRATION FEE: \$60.00 (including GST) per gymnast per year

Office Use Only:

Date of Payment: _____ Signed: _____