



STELLAR CALISTHENICS CLUB

2015 Registration Form



How did you hear about Stellar Calisthenics Club?

- Promotional flyer Newspaper CAWA Website
 Friend Other _____

| Member Information | | | |
|--------------------|-------------|----------------|----------|
| Surname : | First Name: | Date of Birth: | Section: |

| Parent / Guardian Information | | |
|-------------------------------|------------------------|------------------------|
| Mothers Name: | Fathers Name: | |
| Home Address: | Suburb: | Postcode: |
| Home Phone No: | Mobile Phone No (Mum): | Mobile Phone No (Dad): |
| Email Address: | | |

| In Case of Emergency | | | |
|-----------------------------|------------------------|----------------|------------------|
| Name of Friend or Relative: | Relationship to Child: | Home Phone No: | Mobile phone No: |
| Name of Doctor: | Clinic Name: | Phone No: | |

| Medical Information |
|---------------------|
|---------------------|

Does your child suffer from any allergies? Yes No

If yes, please provide details _____

Does your child suffer from any illnesses, prior injuries or disabilities? Yes No

If yes, please provide details _____

Is your child currently on any prescribed medications? Yes No

If yes, please provide details _____

Where it is not practical to communicate with me, I authorize Stellar Calisthenics Club to seek and medical treatment necessary if injury or illness occurs to my child. I agree to pay any expenses incurred for medical treatment and/or transport. Yes No

I understand that my child may on occasion be photographed for Stellar Calisthenics Club promotional purposes, and consent to the publication of these images in such media as advertising flyers, newspaper articles, notice boards, web sites and Stellar Calisthenics Club newsletters.

Yes No

I have read the 2015 Stellar Calisthenics Club Parent Information Booklet and agree to the terms as outlined? Yes No

I understand this declaration is valid for the entire period that my child attend Stellar Calisthenics Club.

Parent / Guardian Signature:

Date:
