



# STELLAR CALISTHENICS CLUB

## 2019 Registration Form



How did you hear about Stellar Calisthenics Club?

Promotional flyer  
Friend

Newspaper  
Other \_\_\_\_\_

CAWA Website

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
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Does your child suffer from any allergies? Yes No

If yes, please provide details \_\_\_\_\_  
*If appropriate, please provide action plan.*

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 2019 Stellar Calisthenics Club Parent Handbook and agree to the terms as outlined?

Yes

No

I (and my child) have read the Stellar Calisthenics Code of Conduct and agree to the terms as outlined?

Yes

No

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

Parent / Guardian Signature:

Date:

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