

# Stawell Gymnastics Club

## Senior Membership Form & Confidential Information

This information is intended to assist the Club in case of any medical emergency with your child.  
All information is held in confidence.

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Gymnast's Name

Gender

Date of birth

E-mail

Contact Phone

Mobile Phone

Address

City

Post Code

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Emergency Contact

Phone

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Name of family doctor

Phone

Medicare No

Ambulance Subscriber

Yes

No

Hospital Insurance Fund

Contributor No

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Does the gymnast suffer from any medical conditions?

Fits of any type

Heart condition

Asthma

Migraines

Diabetes

Dizzy Spells

Blackouts

Allergies

Other

If you have circled any of the above, please provide further details

I give permission for my photograph to be used publicity & promotional purposes.

Yes

No

**Declaration**

I, the undersigned, give my permission to the person in charge, when you have been unable to contact me or where it otherwise impracticable to contact me, to:

- consent to my child receiving medical or surgical attention as may be deemed necessary by a medical practitioner, or
- administer first-aid when it is deemed necessary.

I also understand that whilst my child is a member of the Stawell Gymnastics Club, that I agree to take part in the annual maintenance roster

Signature

Date