



**Evatt Calisthenics Club Inc.  
Enrolment Form  
2010**

Name: .....

D.O.B: ..... Age: .....

Address: .....

.....P/code.....

Home Phone No: ..... Work No/s: .....

Parent's Name/s: .....

Mobile No/s: .....

Email: .....

(Email will be the preferred method of contact for general Club matters so please inform us if your address changes – feel free to submit more than one address)

Year first started with Evatt Calisthenics: .....

Number of years as a participant at Evatt (including 2010): .....

Skills Level Completed: ..... In (year completed): .....

I agree to pay all fees by the due date throughout the year and will ensure that all accounts are finalised by the due date.

I understand that parental assistance is required in the running of the Club and will make efforts to participate. I understand I am expected to do a 'duty' on Evatt's Competition duty day.

My family agrees to abide by the Club Code of Conduct (attached).

Signed: ..... Date: .....

**NB:** Registration will not be accepted if you have outstanding fees from 2009 and have not made prior arrangements with the Treasurer.

Office Use Only – ACF Privacy Statement Signed YES / NO

*Evatt Calisthenics Club – Celebrating 30 Years*



**Evatt Calisthenics Club Inc.**  
**Medical Information Form 2010**  
(In Confidence)

**Name:** ..... **D.O.B:** .....

*Emergency Contact:*

Name:..... Relationship to child: .....

Home Phone No: ..... Mobile: .....

Is she in good health?                      YES      NO

Does she suffer from?:

Asthma                                      YES / NO                      Epilepsy                      YES / NO

Heart Condition                      YES / NO                      Allergies                      YES / NO

Other relevant medical conditions?                      YES/NO

Please give details: .....  
.....

Is she fully immunised?                      YES      NO

Date of last tetanus injection: .....

Does she have any known injury/s that will affect her calisthenics ability? YES / NO

Please give details: .....  
.....

Do you have private health insurance?                      YES      NO

Name of Fund.....

Do you have Ambulance cover?                      YES      NO

Medicare Number.....

I give permission for Evatt Calisthenics Club Inc. to seek medical attention for my daughter if the need arises and understand that I will be responsible for all costs incurred.

Signed..... Date: .....

*Evatt Calisthenics Club – Celebrating 30 Years*