



**Evatt Calisthenics Club Inc.  
Enrolment Form  
2008**

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 2008): .....

I give permission for my daughter's photo to be published in Evatt/CACTI newsletters and on the Evatt Web Page. YES NO (Please Circle)

I agree to pay all fees by the due date throughout the year and will ensure that all accounts are finalised by the club's annual concert in October.

I understand that parental assistance is required in the running of the Club and will make efforts to participate.

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 2007 and have not made prior arrangements with the Treasurer.

Office Use Only – CACTI Privacy Statement Signed YES/NO



**Evatt Calisthenics Club Inc.**  
**Medical Information Form 2008**  
(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: .....