

REGISTERING FOR AGE GROUP

- Sub-Juniors 6 – 10 years*
 Juniors 11 – 13 years *

Intermediate 14 – 17 years*

*age as at 31st December each year

REGISTRATION FORM 2020

How did you hear about Imperial Calisthenic College classes?

- Facebook Website Holiday Workshop Friend Other,
please indicate

Previous member, if so what year did you join? _____ First Class Attended in 2020 _____

MEMBER INFORMATION

Child's Surname:	First Name:	Date of birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	School:
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PARENT/GUARDIAN INFORMATION

Names of Parents/Guardians:	Email address: <i>(Please ensure this is an address used regularly, as we will use this to communicate with parents between class times)</i>
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Address:	Suburb:	Postcode:
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Home phone number:	Mobile phone number (Mum):	Mobile phone number (Dad):
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IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to child:	Home phone no.:	Mobile phone no.:
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Name of Doctor:	Clinic Name:	Phone no.:
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MEDICAL INFORMATION

Does your child suffer from any allergies? Yes No *Please provide details...*

Does your child suffer from any health problems we should be aware of? Yes No *Please provide details...*

Is there any other information we should know about your child? Yes No *Please provide details...*

Where it is not practical to communicate with me, I authorise for my child to receive any medical treatment necessary if injury or illness occurs. I agree to pay any expenses incurred for medical treatment and transport.

I understand that my child may occasionally be photographed for calisthenics promotional purposes, and consent to the publication of these images. Names will not be used without my express permission.

Please indicate if your child will be taking any extended absences from class this year (e.g. for interstate/overseas travel).
 Yes / No (please circle). **If yes**, what dates will your child be absent from class? From: _____ To: _____

Parent/Guardian signature: _____ Date: _____