



**2023**

**Enrolment for Rhythmic Gymnastics**  
**(for non-Strathcona students)**

**Student Name:** ..... **Year level:** ..... **DOB** .....

**Parent/Guardian Names:** .....

**Contact Number:** ..... **Email:** .....

**Address:** .....

**Medical: (eg asthma, injury, allergy.)** \_\_\_\_\_

1) My  child has previously attended Rhythmic Gymnastics (at Strathcona  
or elsewhere)  
Yes  No

2) For those  who have no experience in RG. Please tick the box if you have had experience in the  
following.  
 Dance  Gymnastics  Acrobatics

3) What RG level is your daughter in?  
Level \_\_\_\_\_

4) Please tick the box to indicate which day/s you're attending in your level.

Beginner - No experience. (Choose one session)

<input type="checkbox"/>	Tuesday 3.30pm-4.30pm
<input type="checkbox"/>	Saturday 8.00am-9.00am

Lv 1 & Lv 2 (Choose one or two sessions)



<input type="checkbox"/>	Tuesday 3.30pm-5.30pm
<input type="checkbox"/>	Saturday 8.00am-10.00am

Lv 3 (Choose two sessions)

<input type="checkbox"/>	Friday 3.30pm-6pm
<input type="checkbox"/>	Tuesday 3.30pm-5.30pm
<input type="checkbox"/>	Saturday 8.00am-10.00am

Lv 4 & Lv 5 (All three sessions are highly recommend)

<input type="checkbox"/>	Monday 3.30pm-6.00pm
<input type="checkbox"/>	Friday 3.30pm-6.00pm
<input type="checkbox"/>	Saturday Lv 4 8.00am-11.00am
<input type="checkbox"/>	Saturday Lv 5 9am - 12pm

Lv 6 - 10 (All three sessions)

<input type="checkbox"/>	Monday 3.30pm-7.00pm
<input type="checkbox"/>	Friday 3.30pm-7.00pm
<input type="checkbox"/>	Saturday 9.00am-1.00pm

5) My child will travel home after classes by:

Public Transport

After Care



<input type="checkbox"/>	Walking	<input type="checkbox"/>	Other
<input type="checkbox"/>	Parent / Guardian will collect	<input type="checkbox"/>	

6) Are you interested in becoming a member of Friends of Rhythmic Gymnastics?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Maybe – I would like more information before committing



**Permission form**

In the event of my child suffering an illness, injury or accident, where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to: • Consent to my child receiving any medical or surgical treatment or intervention deemed necessary by a medical practitioner; • Administer or



# Strathcona

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authorise to be administered such first-aid treatment as the teacher-in-charge judges to be reasonably necessary. If any costs are incurred by Strathcona to facilitate or provide any first- aid, medical or surgical treatment or intervention for my child, I agree to pay all costs of such treatment or intervention or to reimburse Strathcona for any such costs it has incurred. In consideration of my child's attendance on the excursion, I also agree to indemnify Strathcona, its employees and agents against any claims, liabilities or damages arising out of or in relation to any such first-aid, medical or surgical treatment or intervention our child may receive.

Parent Signature ..... Date .....

