

2024 Enrolment form. Welcome to Strathcona Rhythmic Gymnastics Club!

Tick the box						
Strathcona student Non - Strathcona student						
Student Name:	Year level: DOB					
Parent/Guardian Names:						
Contact Number:	Email:					
Address:						
Medical: (eg asthma & allergies.)						
The first aid kit will also be brought by the coach written plan.	aid kit which includes an EpiPen and asthma puffer. In to competitions. For any specific medication please provide us with a mber. Gymnasts have the option to sign up or decline competing in s. We are a recreational and competitive club!					
My daughter has previously attended Rhyth Yes	nmic Gymnastics (at Strathcona or elsewhere)					
2) <u>For those who have no experience in RG</u> .	. Please tick the box if you have had experience in the following.					
Dance Gymnastics	Acrobatics					
 What gymnastics level is your daughter in Level						
	Strathcona Rhythmic					

Gymnastics



4)	Please tick the box to indicate which day/s you're attending in your level. *This is a whole year sport (term 1-4.)					
	Beginner - No experience. (Choose one session)					
Tuesday 3.30pm - 4.30pm						
	Saturday 9.00am - 10.00am					
	Level 1 & Level 2 (Choose up to two sessions)					
	Tuesday 3.30pm - 5.30pm					
	Saturday 9.00am - 11.00am					
Level 3 (Choose up to two sessions)						
	Monday 3.30pm - 6pm					
	Friday 3.30pm - 6pm					
	Saturday 9.00am - 12.00pm					
	Level 4 & Level 5 (Choose up to three sessions)					
	Monday 3.30pm - 7.00pm					
	Friday 3.30pm - 7.00pm					
	Saturday 9am - 12pm					
	Level 6 + (three sessions for competitive athletes)					
	Monday 3.30pm-7.00pm					
	Friday 3.30pm - 7.00pm					
	Saturday 9.00am - 1.00pm					



5) N	ly child will travel home after training by:					
	Public Transport		After Care			
	Walking		Going home with another gymnast			
	Parent / Guardian will collect		Other			
			•			
6) Are you interested in becoming a parent helper in the Friends of Rhythmic Gymnastics group?						
This includes helping set up, pack up, and being involved in other small duties when Strathcona hosts an in house Competition. There may be other opportunities where you may be asked to assist us.						
Possibly No						
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 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 Sig	gnature					
Date						

Please send form to bunwin@strathcona.vic.edu.au