

# Registration Form

**Mackay Gymnastics Inc**

**6 Swayne St North Mackay 4740**

How did you hear about us? Radio  TV  Newspaper  Transfer  School Newsletter  Word of Mouth

Referral Name:

## **Family Information:**

Family Name:  Home Phone:

Address:  Town:  PostCode:

Email:

Family Doctor:  Doctor Phone:

I understand that representatives of Mackay Gymnastics Inc. may take video or still images of the gymnasts for training, educational, administrative or promotional purposes. I consent to the use of these images, on the understanding that images used outside of the club premises or in any public media or website require my prior approval.

Consent to Photos? Yes  No  Signature:  Date:

## **Contacts:**

First Name:

First Name:

Surname (if different):

Surname (if different):

Mobile:

Mobile:

Work Ph:

Work Ph:

Relationship:

Relationship:

Occupation:

Occupation:

## **Student(s):**

1/. First Name:

Surname (if different):

Date of Birth    Gender: Male  Female  Allergies:

School:  Grade:

Medical Conditions:

Medications:

Class Details (office only):