

Icon Gymsports 2018 MEMBERSHIP FORM

Athlete Details

1st Child

First Name: _____ Last Name: _____ Male/Female
D.O.B: _____ Age turning in 2017: _____
Allergies/Medical Conditions: _____

2nd Child

First Name: _____ Last Name: _____ Male/Female
D.O.B: _____ Age turning in 2017: _____
Allergies/Medical Conditions: _____

Address: _____

Suburb: _____ Postcode: _____

Medicare Number (this is important please do not leave it blank): _____

Family Doctors Name / Surgery: _____

Parent / Guardian 1

Name: _____ Relation to athlete: _____

Contact no: (H) _____ (M) _____

Email: _____

Parent / Guardian 2

Name: _____ Relation to athlete: _____

Contact no: (H) _____ (M) _____

Email _____

In the event both parents are not contactable please provide an emergency contact

Emergency contact name: _____ Relation to student: _____

Emergency contact no: (H) _____ (M) _____

As parent/guardian, I give consent for my child to participate at Icon Gymsports and agree to delegate my authority to the staff involved. I realise precautions are taken to eliminate any injuries or hazards and a qualified coach is always present. However, in the event of any injury, I hereby waive, release and hold harmless from any liability for damages or claims for personal injury, including accidental death, as well as for property damage which may arise in conjunction with the above activity, against Icon Gymsports, its employees, coaches and assistants. I have submitted all relevant medical information. I give permission for my child to be photographed for advertising / social media purposes. I understand that all term and annual fees must be paid upfront and no refunds will be given.

Signed..... (Parent/guardian)