



TUMBLE BEES GYMNASTICS CLUB ENROLMENT FORM 2019

Student Name: _____ Year level in 2019: _____
Date of Birth: _____ Age: _____
Parent/Guardian Name: _____ Mobile: _____
Home Phone: _____ Business Phone: _____
Email: _____ Class/Day attending: _____

EMERGENCY CONTACT:

Emergency Contact Name (other than Parent/Guardian listed above): _____
Relationship: _____ Phone Number: _____

MEDICAL CONDITIONS:

Please describe any medical conditions we should be aware of that may affect your child's participation in their gymnastics classes:

Allergies: _____

STUDENT COLLECTION SERVICE

Tumble Bees provides a Student Collection Service at Ormiston College. A staff member will be at a designated area at the specific bell time to collect your child and take them to the Somerset Sports Centre for the gymnastics program. This service is available Monday and Tuesday. If for any reason your child is absent or has left school early on the day of their Tumble Bees class please advise the coach Pip Mainwaring on 0417 717 487.

This is an additional service and will be billed to your Ormiston College Parent Account. Cost: \$5 per lesson billed by term. There are no refunds for weekly services that are not utilised.

Would you like to utilise the Student Collection Service: YES NO

I (Parent\Guardian) _____ give permission for my child
(Child's name) _____ to participate in the
Tumble Bees Gymnastics Club held at Ormiston College. I understand that the fees for this class will be billed to my Ormiston College Parent Account and there will be a club membership of \$55 for the year. I have read the Enrolment Information package, and agree to the terms and conditions included. I have also disclosed all medical information that may be required by the coaching staff in regards to my child.

Signature: _____	_____	Date: _____	_____
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**Please return completed form to:
Tumble Bees Gymnastics Club, via email to octumblebees@gmail.com**