



ORMISTON COLLEGE SPORT AEROBICS ENROLMENT FOR 2019

Please return completed form in person at trials or via email to octumblebees@gmail.com by Tuesday 12 February.

Student Name: _____ Year level: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____ Mobile: _____

Home Phone: _____ Business Phone: _____

Email: _____

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 sport aerobics:

Allergies: _____

I (Parent/Guardian) _____ give permission for my child

(Child's name) _____ to be a member of the Ormiston College Aerobics teams for 2019. I have read the terms and conditions of enrolment and understand that a commitment is required for the full season (12 February - 18 June or August if qualified). Withdrawal from a team after the 12 February once team numbers are finalised will require full payment for the season and refunds will not be possible. I also understand the commitment required of my child as part of their team. I am aware that my child will be required to purchase a team costume for competitions and that competition entry fees will apply.

Signature: _____	_____	Date: _____	_____
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