

YMCA Bowen Hills Gymnastics – Renewal Form

Responsible Person (Account Holder):

Surname: _____ Given Name: _____

Address: _____ Suburb: _____ Post Code: _____

PH: _____ Email: _____

Child 1:

Surname: _____ Given Name: _____ D.O.B: _____ Gender: M/F

Medical Condition (including allergies): _____

Preference 1: Class Type: _____ Day: _____ Time: _____

Preference 2: Class Type: _____ Day: _____ Time: _____

Child 2:

Surname: _____ Given Name: _____ D.O.B: _____ Gender: M/F

Medical Condition (including allergies): _____

Preference 1: Class Type: _____ Day: _____ Time: _____

Preference 2: Class Type: _____ Day: _____ Time: _____

Child 3:

Surname: _____ Given Name: _____ D.O.B: _____ Gender: M/F

Medical Condition (including allergies): _____

Preference 1: Class Type: _____ Day: _____ Time: _____

Preference 2: Class Type: _____ Day: _____ Time: _____

Emergency Contact:

Surname: _____ Given Name: _____ Contact Number: _____

Please list below any legal custody conditions/restrictions apply to this child/ren: _____

Membership Agreement:

I have read and understood the Terms and Conditions outlined in the Gymnastics Membership Agreement and direct debit conditions. I acknowledge that the information given on this form is true and correct.

I understand that I must pay a Gymnastics Australia annual registration fee each calendar year and the \$15 equipment levy will be charged quarterly (dates advised on the gymnastics brochure).

Signed: _____ Date: _____

Please await a confirmation email from us after submitting this form. If you do not receive a confirmation email ensure that you contact the Centre on 07 3851 8800 to confirm the request has been made.



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www.facebook.com/YMCABowenHills

