

# Personal and Medical Details Form

\*\*When filling out information please print

## Family Details \*Only Children Enrolled in Gymnastic Program

Child 1	Full name:	DOB:	Current age:
Child 2	Full name:	DOB:	Current age:
Child 3	Full name:	DOB:	Current age:
Child 4	Full name:	DOB:	Current age:

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Telephone \_\_\_\_\_

Emergency contact person if mother or father is non contactable: \_\_\_\_\_

Telephone No. home/mobile: \_\_\_\_\_

Current School Attending: \_\_\_\_\_

Email Address (for invoices and notices, please print ) \_\_\_\_\_

### **Medical Details** - to be used in emergencies. (Please specify child's first name)

Medical conditions (specify any disabilities, weaknesses etc.): \_\_\_\_\_

Asthma: \_\_\_\_\_

Respiratory problems: \_\_\_\_\_

Previous broken bones: \_\_\_\_\_

Others: \_\_\_\_\_

Allergies: \_\_\_\_\_

Insect bites: \_\_\_\_\_

Others: \_\_\_\_\_

Ambulance cover Yes/No                      Do you have family private health insurance Yes/No

Any additional information we may need to know about your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your child is included in any publicity photos for newspapers or for use in the gym, including the gym's Internet Web site. Do you give permission for Funtastic Gymnastics to use these photos                      please circle                      Yes/No                      Facebook Yes/No

I am the parent or legal guardian for the above named Club member(s). I hereby certify that the information is correct. In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery for the above named Club member. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE, AND FOREVER DISCHARGE Funtastic Gymnastics and their officers, directors, employees, parents and subsidiaries, agents from any and all claims, liabilities, causes of action, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Funtastic Gymnastics for obtaining medical emergency services for said Club member pursuant to the authorization.

Parent/Guardian name: (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_