

Enrolment Form

Form

Form 002

Issue: 03



This document will be reviewed 3 years from the date of issue/review.

Prepared by: Mary Calafiore	Verified by: Patricia Tissera	Authorised by: Matt (Murat) Eryurek
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____
Title: Club Member	Title: Club Committee Member	Title: Head Instructor

Enrolment Date: _____

Section 1: Child's Details

Members

:

First Name

Middle Name

Surname

Date of birth: _____

Gender: Male Female

Name of school / Address: _____

Child's:

Birth Country

Language spoken at home

Religion

Section 2: Child's Medical Details

Family

Doctor:

Name

Address

Contact Number

Medicare Number _____

Ambulance Subscription: Yes No (If yes, provide subscription No.) _____

Private Health Insurance

Yes No

Fund Name: _____

Membership Number: _____

Does this child have any allergies or sensitivities?

Yes No (If Yes please specify)

Does this child have any medical conditions or needs?

Yes No (If Yes please specify)

If Asthmatic please attach a copy of the child's Asthma Plan Attached

Section 3: Parent / Caregiver Details (Providing email is COMPULSORY)

Parent / Caregiver: _____

	<u>First Name</u>	<u>Surname</u>
Address:		
		Post code:
Parent / Caregiver Email:		
Contact Numbers:		
	Home	Mobile
		Work

IMPORTANT!: IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE A PHOTO OF YOUR CHILD AND ANY RELEVANT DOCUMENTATION.

Section 4: Usage Requirements

	<u>Class 1</u>	<u>Class 2</u>
What type of booking is required?	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual	<input type="checkbox"/> Permanent <input type="checkbox"/> Casual
Which days are required?	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday

Section 5: Declaration and Consent to Emergency Medical Treatment

I, (please print full name), the authorized Parent or Caregiver of the child named on this **Enrolment Form**.

- ❖ Declare that the information in this **Enrolment Form** is true and correct and I will immediately notify the Team Taekwondo Club of any changes to this information;
- ❖ Agree to collect or make arrangements for the collection of my child referred to in this **Enrolment Form** if he / she becomes unwell;
- ❖ In case of an accident or injury being sustained by my child, I authorise the relevant Coach or Delegate of the Team Taekwondo Club, where it is impracticable to communicate with me, to arrange emergency medical or surgical treatment as may be deemed necessary. Including the transportation of my child to hospital by ambulance. I accept that I will be responsible for any costs incurred.

I have read the Team Taekwondo Club **Membership Manual** and fully understand and agree to abide by all conditions, Policies and Procedures outlined.

Parent / Caregiver N/A

	Signature	Date
Member:	Signature	Date
Witness (Head Instructor)	Signature	Date

Section 6: Permissions

Please tick to acknowledge your permission for the following:

- For the Club to display information regarding your child, within the Club only. This information will only be used to assist the Club staff with the care of your child in relation to Allergies, Special Needs Etc.
- For the club to take photographs / video of member participating in various activities for the use in promotional (Newsletters, Newspapers, Club Website, Club Facebook page). The photos / video taken will include the displayed member's name.

Parent / Caregiver / Member _____

Signature

Date

Section 7: How did you hear about our club?

Please tick:

- Demonstration at School Which
School _____
- Internet Search
- Family or Friend Who referred
you _____
- Other

DOCUMENT END

Change history

Issue number	Date	Description of change
01	-	Issue 01 document held in Team Taekwondo office.
02	October 2011	<ul style="list-style-type: none">• Transferred to new form template• Updated text as appropriate to provide clarity of information.
03	December 2012	<ul style="list-style-type: none">• Updated training day from Friday to Saturday• Removed occupation inclusion requirement and included school address• Included note for compulsory email requirement

The change history page may be removed after this document has been issued.