



Club PERÓ

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postal : P.O Box 354 Bondi NSW 2026

ENROLMENT FORM: TARA

(ONLY SUBMIT ONE ENROLMENT FORM PER YEAR)

Name of Gymnast Name of School

Date of Birth Year (at school)

Home Address

SCHOOL TERM PROGRAMS

My daughter will attend / is interested in **(PLEASE INDICATE)**:

Monday From - pm

Thursday From - pm

HOLIDAY PROGRAMS:

(MARK IF INTERESTED)

Term 1

Term 2

Term 3

Total hours per week Date commenced this year

YOUR HISTORY

Previous membership at another Gymnastics club? Yes No

Name of club

Attending years Technical Member ID

Medical Conditions, Special Needs or Physical Limitations **(IF ANY)**:

CONTACT DETAILS

Name of Parent(s)/Guardian

Home Number Mobile Number

Emergency Phone Number (if different than above)

Email Address

HOW DID YOU HEAR ABOUT US

PLEASE INDICATE:

School Facebook Internet Search Club Website Referral

Name Other

I acknowledge that I understand the Terms and Conditions outlined in the Enrolment Information Pack and listed on our website.

Signature of Parent(s)/Guardian Date

OFFICE USE ONLY

School / Non-school

Foundation / Competition

Charge School / Start Date for Invoice

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