



**Club PERÓ**

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## **ENROLMENT FORM: SCEGGS**

**(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):**

Wednesday  From  -  pm  
Friday  From  -  pm  
Saturday  From  -  pm

Total hours per week

Date commenced this year

### **HOLIDAY PROGRAMS:**

**(MARK IF INTERESTED)**

Term 1

Term 2

Term 3

### **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

<b>OFFICE USE ONLY</b>		
School / Non-school	Foundation / Competition	Charge School / Start Date for Invoice
<input type="text"/>	<input type="text"/>	<input type="text"/>