



Enrolment & Consent Form

Child's Name

Date of Birth

School

Class & Year

Parent Contact Number

Email Address

Home Address

Any Medical Condition or Allergy?

If yes, detail please

I confirm my child is fit and healthy and I will undertake to advise you of any change.

I understand that Simply Gymnastics may not be held responsible for injury to my child.

Signature of Parent/Guardian: _____

Date: _____