



## Enrolment & Consent Form

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's School \_\_\_\_\_

Class & Year \_\_\_\_\_

Gymnastic Venue/Day/Time \_\_\_\_\_

Parent Name & 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: \_\_\_\_\_