

Child name: _____

Registration Form

Surname: ____

Middle name:

D.O.B:	Gender: M/F	Age of child:
Membership No:		
Parent name:	Parent o	contact number:
Emergency contact: _	Email ad	ldress:
Medical informati	ion	
Describe any medical information (such as asthma, Allergies or anything else that you would like to make us aware of)		
Website & Advertisement		
I hereby give my consent for the administration of first aid and the seeking of medical advice or emergency treatment if necessary while my child is at OKGA. YES / NO		
OKGA publishes a website and on Face book in order to inform its members and the public about the club and its activities. Please circle the appropriate statement concerning your child below.		
I Parent / Carer do / do not give consent for O.K Gymnastics Academy to take photographs and videos of my child (named above) for the use of		
Facebook	Yes / No	
Website and Marketin	ng Yes / No	
Advertisement	Yes / No	
<u>Club rules</u>		
Hair must be No jewellen Parents are Parents are	sory purchase the club uniform and equipme e tied in a strong bun. y to be worn during sessions. NOT allowed to be in the gym during session NOT allowed to take photos or videos during	ns ng sessions
There is a changing room for the children and their belongings. Personal belonging will NOT be allowed into the		

All term/monthly Payments must be made within the first week of the term/month. If a child is absent for any reason

Date____

the payment is Non refundable.

We are NOT responsible for lost property.

Parent signature_____