

JUDO ENROLMENT FORM 2013
 YMCA, CNR MANNINGTON & BEAUDESERT ROADS, ACACIA RIDGE
 TELEPHONE: (07) 3276 7793

PLEASE USE THIS FORM FOR THE ENROLMENT OF ONE PERSON ONLY.

CHILD:

FAMILY NAME: GIVEN NAME:

GENDER: M / F DATE OF BIRTH: CLASS LEVEL: CLASS DAY:

PARENT/GUARDIAN:

NAME:

ADDRESS:

SUBURB:

P/CODE.....EMAIL:

TEL: HOME WORK MOBILE

IN AN EMERGENCY, PLEASE CONTACT: (Name):
 (Phone No)

Please give details below of any medical, physical or mental disabilities, which may have a bearing on their ability, health, safety, or behaviour in class.

How did you hear about YMCA Judo?

- White Pages
- Yellow Pages
- Signage
- Judo Qld
- Newspaper advert
- Other
- Friend/Family
- School
- Web Site
- Brochure/Flyer

Why did you choose the YMCA's Judo Club?

- Price
- Professional Instruction
- Class Hours
- Quality of Program
- Location
- Equipment
- Other

FEES: Class fees are payable on a term basis. Also incurred is a fee for Registration with Judo Queensland – this is payable once per year only. Please see reception for further details.

REFUND POLICY: Please choose your membership, service or product carefully. We do not provide refunds on memberships, services or products in the event of incorrect selection or change of preference.

PLEASE READ AND SIGN

I hereby give permission for my child to attend Playschool activities at the YMCA and I understand that while reasonable care and safety measures will be taken, participation in Playschool, by the very nature of the activity, carries an inherent risk of physical injury. I declare my child is fully able to participate. I agree to abide by all rules and directions given in relation to participation in the activity.

I hereby indemnify the YMCA or its servants or agents against any claim by me on behalf of the above named child in relation to any injury sustained to my child's person, howsoever caused, or any damage sustained to his/her property. Should it be considered at any time that the child requires medical assistance or hospital treatment, I hereby direct and authorise the YMCA staff to obtain this assistance if needed.

Signature of Parent or Guardian: Date:

PRIVACY POLICY:

The information we collect by your completion of this document is for the purpose of properly providing our services to you/your child. The information will remain confidential and will be used strictly in accordance with our privacy policy. The YMCA Privacy Policy can be located on our website, www.brisbane.ymca.org.au, or a copy is available on request at reception.

PLEASE MAKE ALL CHEQUES PAYABLE TO YMCA OF BRISBANE