



**GOODNA & DISTRICTS GYMNASTICS CLUB Inc.**

ABN 18 935 056 427

President: Denver Lacey

Secretary: Janice Elliot

Phone: 0414 882 629

Email: [gdcfinance@gmail.com](mailto:gdcfinance@gmail.com)

Website: [goodnagym.com](http://goodnagym.com)

Address: Unit 1/18 Mill St Goodna



Proudly supported by  
Ipswich City Council



Working with the Queensland Government  
for participation in Sport and Recreation

**PARTICIPANT DETAILS FORM**

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MALE/FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ or \_\_\_\_\_

MOBILE: \_\_\_\_\_ or \_\_\_\_\_

EMAIL(Required): \_\_\_\_\_

**PARENT NAMES**

PARENT/GUARDIAN 1(please print): \_\_\_\_\_

PARENT/GUARDIAN 2(please print): \_\_\_\_\_

Terms and Conditions	Yes	No
I give permission for my child to be photographed/videoed while participating in any club activities. I consent for the photos/videos to be used for publicity if required.		
I give permission for my child to receive medical/ambulance assistance in cast of emergency. Guardian will be notified.		
I understand that I may access my child's personal information withheld by the club upon request.		
I understand a formal registration policy is recorded and is available upon request.		
The information provided in this form is complete and correct to the best of my knowledge and I undertake to advise the Club promptly of any changes that may occur.		
I have read and understand this enrolment application and club rules and agree to the terms and conditions stated therein.		

In accordance with the Privacy Amendment (Private Sector) Act (2000), the information contained within this form will be used *primarily* for matters specifically related to participating in gymnastics and/or if a *secondary* purpose is related to the primary purpose and one could reasonably expect such use or disclosure.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ /2025

**Participation in Gymnastics activities carries with it a reasonable assumption of risk.**

**MEDICAL HISTORY (Please Turn Over)**

<b>OFFICE USE ONLY</b>	
CODE: _____	DATE REGISTERED: ____ / ____ / ____
REGISTERED UNTIL: <u>31/12/2025</u>	

# Medical History Form

## Personal Details

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

## Emergency Contact Details

### CONTACT 1

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE LINE 1: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### CONTACT 2

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE LINE 1: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## Health Care Details

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICARE NO: \_\_\_\_\_ PRIVATE INSURANCE NO: \_\_\_\_\_

## Medical Details

Does your child have any allergies? Yes / No (please circle)

If yes, please list: \_\_\_\_\_

Please list any medical conditions (eg. Asthma, diabetes, epilepsy): \_\_\_\_\_

\_\_\_\_\_

Please list any regular medications they require (inc. dosage): \_\_\_\_\_

\_\_\_\_\_

Please list any current/recurring pains/injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever had a head/neck/spinal injury: Yes / No (please circle)

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical, physical or intellectual condition that may have bearing on their ability, safety or behaviour in class? \_\_\_\_\_

To the best of my knowledge, all information contained on this form is correct

(if under 18 please have a parent or guardian sign)

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ /2025



Proudly supported by  
Ipswich City



Working with the Queensland Government  
for participation in Sport and Recreation

**GOODNA & DISTRICTS GYMNASTICS CLUB Inc.**

ABN 18 935 056 427

President: Denver Lacey Secretary: Janice Elliot Website: [goodnagym.com](http://goodnagym.com)

Face Book: [goodnagymnastics](https://www.facebook.com/goodnagymnastics) Phone: 0414 882 629

Postal Address: 33-35 Boscawan Cres BELLBIRD PARK Q 4300

Address: Unit 1/18 Mill St Goodna

Dear Gymnast and Family,

In an effort to ensure a safe learning environment for your son/daughter we ask that you take the time to read and discuss the following guidelines with your gymnast.

Both **you and your son/daughter** are then asked to sign the form and return it at your next training session.

*Goodna & Districts Gymnastics Club Management committee.*

- On arrival please get your name marked off on the **roll** – this is a fire and safety requirement.
- Be on time for warm up and training. Warm up is part of your training and is compulsory – no warm up no training. If you do not warm up prior to training you increase your risk of injury.
- **NO** gymnasts are allowed on the floor (or any apparatus) without a coach present unless they have specifically been requested to.
- **Parents/carers** are **not** allowed on the floor during training or competition – if you have any concerns please approach one of the staff not on the floor or speak to your gymnast/s' coach at the end of the training session.
- Family members not enrolled for training are **not** allowed on any of the apparatus at any time.
- There is absolutely **NO** photography allowed. Please ask at the desk and arrangements can be made with a coach to capture your child.
- Care for and respect the **equipment and venue** provided for your participation in gymnastics.
- Wear clothes suitable for gymnastics – **No** Hoodies or jumpers on equipment. **No** zips, studs, denim, skirts or skorts. **No** shoes and no jewelry except studs or sleepers. Hair to be tied up out of face and off shoulders. Acceptable: Gym Leotard, T shirt (not baggy) and shorts (not long).

- NO food or drink is allowed on the gym floor. Except a waterbottle. Every gymnast must have their own water bottle. **No Waterbottle No Gym.**
- Outside the building is out of bounds without a parent/carer.
- Respect all others and their property. Do not be aggressive or accept aggression from others.
- Work hard and be a good sport. Follow directions quickly and quietly and accept the decisions of officials.
- At all times, avoid unseen and unaccompanied activities with your coach or other adults.
- The Club is mainly run by volunteers who coach, judge, serve on the management committee, and perform many tasks as they are required to do so please respect them.
- All coaches are accredited with Gymnastic Australia, hold a Queensland Government Working with Children Card and have a Senior First Aid Certificate.

**IN THE EVENT OF A FIRE OR EMERGENCY**

- For the safety of all children they must remain with their coaches at all times.
- Please make sure that you are aware of who your child's coach is.
- Exit through the safest door possible. This will probably be the front entrance.
- Children will exit through the safest door **with their coaches.**
- Designated meeting area is located at the Kelliher Road entrance.
- **PLEASE DO NOT TAKE YOUR CHILD AWAY AS WE NEED TO ACCOUNT FOR ALL CHILDREN ON THE ROLL!**

Please sign, date and return this form stating that you understand this procedure.  
Please print using capital letters

Name: Parent/Carer \_\_\_\_\_ Signature \_\_\_\_\_

Name: Gymnast \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_