



# Pittwater Sports Centre

## Pittwater Sports Centre & Northern Beaches Gymnastics Waiver

### ADULT GYMNASTICS PROGRAM

By Participating in a program with Pittwater Sports Centre and Northern Beaches Gymnastics you accept the centres Rules, Policies and waiver

#### General

As legal guardian of all of my student(s), I hereby consent to the/all person(s) participating in programs conducted by Pittwater Sports Centre and Northern Beaches Gymnastics. I recognise that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student and, in consideration for allowing my student to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** the this facility, affiliated and partner companies and organizations, property owners and leases, staff, contractors, subcontractors, teachers, and coaches involved in the this facility program, from all liability and for any and all damages and injuries suffered by my student during instruction, supervision, and/or control during any and all classes.

#### Media Recording

As legal guardian of all of my student(s), I hereby grant permission for Pittwater Sports Centre and Northern Beaches Gymnastics to use an image of my child for marketing purposes. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Pittwater Sports Centre and Northern Beaches Gymnastics website or multi-media presentations.

This agreement is subject to change without notice

**I have read and understand the waiver stated above and agree to the terms as stated. I have completed in full and noted any medical history/information on the reverse of this notice.**

Full Name : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Participants under 18 years of age must have Parent/Guardian sign this form)*

I \_\_\_\_\_ am the legal parent/Guardian  
of \_\_\_\_\_ (Childs full name)

Full Name of Parent/Guardian: \_\_\_\_\_

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

## Member Registration Information

Please complete in full

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (Residential): \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M / F \_\_\_\_\_

Address (Postal): \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Parent/Guardian 1 (please print): \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Parent/Guardian 2 (please print): \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

### **Medical History**

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Please provide details of any medical, physical or intellectual condition that may have a bearing on your ability, safety or behaviour in class.

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Are you on any medication, which we should be aware?

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Do you suffer from any allergies (ie. Medical, bee sting etc.)?

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**Please attach additional pages if required**

**Please ensure waiver signed by guardian/parent.**