

JUDO ENROLMENT FORM

Y-SOUTH YOUTH & COMMUNITY CENTRE, CNR MANNINGTON & BEAUDESERT ROADS, ACACIA RIDGE
TELEPHONE: (07) 3277 7822

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 :P/CODE:

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?

- Friend / Family
 School
 Signage
 Judo QLD
 Flyer
 Newspaper Advert
 Other.....

Why did you choose the YMCA's Judo Club?

- Price
 Professional Instructor
 Class Hours
 Quality of program
 Location
 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 Judo activities at the YMCA and I understand that while every care and safety measure will be taken, participation in Judo, by the very nature of the activity, carries a risk of physical injury.

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 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

FAMILY NAME:.....

OFFICE USE ONLY

TERM	DATE	AMOUNT DUE	AMOUNT PAID	PAYMENT METHOD	RECEIPT NO.	BALANCE	ROLL	AFIL PAID
e.g.	6/1/93	\$32-00	\$10-00	EFT	3162	\$22-00	✓	✓
TERM 1								
TERM 2								
TERM 3								
TERM 4								