



## 2025 Strathcona Rhythmic Gymnastics enrolment form

### Tick the box

Strathcona student  Non - Strathcona student

Student Name: ..... Year level: ..... DOB .....

Parent/Guardian Names: .....

Contact Number: ..... Email: .....

Address: .....

Medical: (eg asthma & allergies.) \_\_\_\_\_

\*All gymnastics coaches have access to a first aid kit which includes an EpiPen and asthma puffer. The first aid kit will also be brought by the coach to competitions. For any specific medication please provide us with a written plan.

\*Competitions begin in June and finish in December. Gymnasts have the option to sign up or decline competing in each comp. The routine and spectator fee varies. We are a recreational and competitive club!

1) My daughter has previously attended Rhythmic Gymnastics (at Strathcona or elsewhere)

Yes

No

2) For those who have no experience in RG. Please tick the box if you have had experience in the following.

Dance

Gymnastics

Acrobatics

3) What gymnastics level is your daughter in?

Level \_\_\_\_\_



4) Please tick the box to indicate which day/s you're attending in your level. \*This is a whole year sport (term 1-4.)

**Beginner** - No experience. (Choose one session)

<input type="checkbox"/>	<b>Tuesday</b> 3.30pm - 4.30pm
<input type="checkbox"/>	<b>Saturday</b> 9.00am - 10.00am

**Level 1 & Level 2** (Choose up to two sessions)

<input type="checkbox"/>	<b>Tuesday</b> 3.30pm - 5.30pm
<input type="checkbox"/>	<b>Saturday</b> 9.00am - 11.00am

**Level 3** (Choose up to two sessions)

<input type="checkbox"/>	<b>Monday</b> 3.30pm - 6pm
<input type="checkbox"/>	<b>Friday</b> 3.30pm - 6pm
<input type="checkbox"/>	<b>Saturday</b> 9.00am - 12.00pm

**Level 3 & 4 comp squad**

<input type="checkbox"/>	<b>Monday &amp; Friday</b> 3:30pm - 6pm
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**Level 4 & Level 5** (Choose up to three sessions)

<input type="checkbox"/>	<b>Monday</b> 3.30pm - 7.00pm
<input type="checkbox"/>	<b>Friday</b> 3.30pm - 7.00pm
<input type="checkbox"/>	<b>Saturday</b> 9am - 12pm

**Level 6 +** (Three sessions for competitive athletes)

<input type="checkbox"/>	<b>Monday</b> 3.30pm-7.00pm
<input type="checkbox"/>	<b>Friday</b> 3.30pm - 7.00pm
<input type="checkbox"/>	<b>Saturday</b> 9.00am - 1.00pm



5) My child will travel home after training by:

<input type="checkbox"/>	Public Transport
<input type="checkbox"/>	Walking
<input type="checkbox"/>	Parent / Guardian will collect

<input type="checkbox"/>	After Care
<input type="checkbox"/>	Going home with another gymnast
<input type="checkbox"/>	Other

6) Are you interested in becoming a parent helper in the Friends of Rhythmic Gymnastics group?

This includes helping set up, pack up, and being involved in other small duties when Strathcona hosts an in house Competition. There may be other opportunities where you may be asked to assist us.

<input type="checkbox"/>	Possibly
<input type="checkbox"/>	No

**Permission form**

In the event of my child suffering an illness, injury or accident, where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to: • Consent to my child receiving any medical or surgical treatment or intervention deemed necessary by a medical practitioner; • Administer or authorise to be administered such first-aid treatment as the teacher-in-charge judges to be reasonably necessary. If any costs are incurred by Strathcona to facilitate or provide any first- aid, medical or surgical treatment or intervention for my child, I agree to pay all costs of such treatment or intervention or to reimburse Strathcona for any such costs it has incurred. In consideration of my child's attendance on the excursion, I also agree to indemnify Strathcona, its employees and agents against any claims, liabilities or damages arising out of or in relation to any such first-aid, medical or surgical treatment or intervention our child may receive.

Parent Signature .....

Date .....

Please send form to [bunwin@strathcona.vic.edu](mailto:bunwin@strathcona.vic.edu)

