



# Gymnastics Clinic

## Olympic Park

### Enrolment Form

Physical Education Specialists

[www.movingbodies.com.au](http://www.movingbodies.com.au)

T: 02 9940 5240 E: [info@movingbodies.com.au](mailto:info@movingbodies.com.au)

Once again, Moving Bodies are proud to be able to offer our recreational Gymnastics Clinic at Homebush. The children will have the opportunity to use Olympic standard equipment such as a sprung floor, in-ground trampoline, a massive foam pit as well as a variety of fun novelty equipment. Children will work in groups on a number of different circuits and equipment in a fun, safe and exciting environment.

#### About our program:

**When:** Tuesday, 4 October

**Time:** 9.30am – 11.30am

**Age:** 5 years and up

**Venue:** Sydney Olympic Park Sports Centre (State Sports Centre)  
Olympic Boulevard, Homebush

**Where to Meet:** Meet out the front of the Centre at the "Meeting Point" sign at 9.15am for roll call. *Please do not enter the Centre without a Moving Bodies staff member.*

**Parking:** Free parking is available next to the centre.  
Buzz and announce you are a Moving Bodies participant if the boom gate is down.

**What to Bring / Wear:** Wear comfortable clothes suitable for physical activity.  
Bring a bottle of water.  
*Please note – no hair clips or pins.*

**Cost:** \$25 per participant. *Early bird rate of \$22 if received by Monday 12 Sept 2011.*

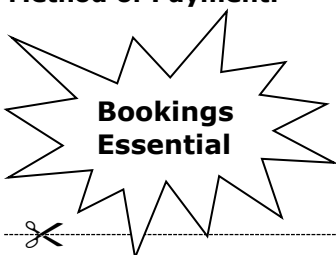
**Method of Payment:** *Cheque or money order* should be made payable to "Moving Bodies Pty Ltd".  
Please clearly print name, address and contact number on the reverse side.

*Direct Deposit – Preferred*

**Bank:** NAB **BSB No:** 082 309 **Acct No:** 593 754 675

**Acct Name:** Moving Bodies Pty Ltd

Please use your child's name as a reference when paying.



#### Enrolment Details:

Child 1 Name: \_\_\_\_\_ Child 1 Age: \_\_\_\_\_ School: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Child 2 Age: \_\_\_\_\_ School: \_\_\_\_\_

Name of a friend if your child would like to be placed in the same group: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

#### Medical Consent and Indemnity:

Is Child 1 / Child 2 on any long term medication? Yes / No Details: \_\_\_\_\_

Does Child 1 / Child 2 have any known allergies or medical conditions: \_\_\_\_\_

*I hereby give permission to the Moving Bodies supervisor to seek medical aid in the event of an accident, injury or illness.*

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

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Mobile No: \_\_\_\_\_

#### Payment Details:

I have enclosed a: cheque / money order for the amount of \$	Office Use	
I have made a direct deposit: copy of receipt is enclosed or reference used:	Office Use	

Please add me to your mailing list for details of future Moving Bodies Holiday Clinics: Yes / No  
Email: \_\_\_\_\_

Moving Bodies will only contact you if the Gymnastics Clinic is full. Please confirm by calling 02 9940 5240.

**Return to:** Moving Bodies, 27 Glenview Road, Mt Kuring-gai 2080; F: 9012 0895