

SERPENTINE JARRAHDAL COMMUNITY RECREATION CENTRE

Yoga Enrolment Form

Term /20

Student No.

Details of Responsible Person (Parent/Guardian):

(Parents) Surname:		(Parents) First Name:	
Postal Address:			Postcode:
Email:		Mobile Phone:	
Are you a gym member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Program Day:		Program Time:	

Emergency Contact Details: (Different to Parent)

Surname:	First Name:
Phone:	

Does your child have a **medical condition** or under any medication that we should be aware of?

YES:	NO:
If YES please explain:	

I give permission for the centre staff to seek medical assistance/transportation at my expense if required YES NO

Please see over page for Terms, Conditions and Program Information

The YMCA acknowledges & respects the privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment, providing you with updated information and assisting us to improve our services to you. The intended recipients of this information are the YMCA, it's authorised staff and contracted service providers. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (amended 2001) and YMCA Privacy Policy. As part of your membership with the YMCA, you will receive information from time to time regarding our programs and services. The YMCA may also provide promotional material from our strategic partners, or any other third party - if you do not wish to receive this information please tick the "OPT OUT" box below. Your name will be removed from the mailing list within a reasonable period of time. OPT OUT



Program Terms & Conditions

1. **Payment**
 Payment of this membership may be made via cash, cheque, credit card or EFTPOS Initial _____

2. **Term**
 The term of membership is for the duration of 10 weeks Initial _____

3. **Refunds**
 Refunds may only be provided where: A medical condition precludes further participation and a medical certificate is provided.
 If a refund is authorised it may incur a 15% administration fee on the amount refunded and any classes attended will be deducted off the refund amount. Initial _____

4. **Photographic Permission**
 Occasionally YMCAWA staff may take photographs of the Centre and the participants taking part in the activities. I grant permission for any image, photograph or film taken during program activities that may feature the enrolled adult/child to be used by YMCAWA of Perth (Inc) for promotional uses. Initial _____

5. **Cooling-off Period**
 This contract of membership can be voided within seven (7) days of joining without further obligation. All Terms and Conditions of Membership are binding after this 7 days. Initial _____

6. **Re-enrolment**
 Members will **not** automatically be re-enrolled at the end of the term.
 A Re-enrolment Application Form must be completed in person for each enrolment term Initial _____

7. **Safeguarding Children**
 I am aware that YMCAWA has a responsibility to ensure that any incidents of suspected child maltreatment will be handled with respect and will be dealt promptly and appropriately. Any allegation or disclosure of abuse, neglect or assault, including sexual assault, of an enrolled child will be reported to the Department of Child Protection and Family Support.

 The YMCA WA is committed to the safety of children and young people in all of our facilities. As such, YMCA undertakes accreditation with the Australian Childhood Foundation to ensure the highest level of safety for our customers and staff. The Hirer is required to:
 - a) Have a child protection policy in place that meets YMCA Safeguarding Children and Young People standards or will accept responsibility to act in accordance with YMCA’s Safeguarding Children and Young people policies. This includes staff/volunteers who are involved with children and young people being required to hold current working with children clearances.
 - b) Inform YMCA within **24 hours** of becoming aware of any reports or allegations of serious child abuse or neglect that involves the hirers or YMCA staff or volunteers.” Initial _____

8. **Registration Fee**
 I acknowledge that there is a registration fee to be paid once every year per family, this fee is non refundable and must be paid before the commencement of their first class. Initial _____

In signing below I acknowledge that I understand and accept the above conditions of enrolment

Signature of Responsible Person:	Date: __/__/____
Staff Name:	Staff Signature:
Amount Paid for Term: \$	

The YMCA acknowledges & respects the privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment, providing you with updated information and assisting us to improve our services to you. The intended recipients of this information are the YMCA, it’s authorised staff and contracted service providers. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (amended 2001) and YMCA Privacy Policy. As part of your membership with the YMCA, you will receive information from time to time regarding our programs and services. The YMCA may also provide promotional material from our strategic partners, or any other third party - if you do not wish to receive this information please tick the “OPT OUT” box below. Your name will be removed from the mailing list within a reasonable period of time. OPT OUT

