

This Agreement is between West HQ Limited ABN 54 000 842 375 ("SGAC") and the Member

MEMBER DETAILS (ACCOUNT HOLDER AND RESPONSIBLE PERSON)

Name:		DOB:	
Address:		Postcode:	
Email:		Contact Number:	
Parent <input type="checkbox"/> Guardian <input type="checkbox"/>	Occupation:	Driver Licence No:	Expires:
		OFFICE USE	Links ID:

EMERGENCY CONTACT

Name:		DOB:	
Email:		Relationship:	
Contact Number:			

PARTICIPANT(S) DETAILS

Name:	DOB:	Gender:	Male / Female
Name:	DOB:	Gender:	Male / Female
Name:	DOB:	Gender:	Male / Female
Do any participants have any medical conditions that may require medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEDICAL DETAILS

If yes, please state any medical condition that may affect their participation and provide action plans for asthma, seizures, anaphylaxis and diabetes.

Name:	Details:	Action Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Details:	Action Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Details:	Action Plan Provided <input type="checkbox"/> Yes <input type="checkbox"/> No

PROGRAM DETAILS (TO BE COMPLETED AT THE TIME OF BOOKING)

PARTICIPANT 1 Program Name:							
Program Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Weekly Fee \$	GA Registration fee (if applicable) \$			Start Date:			
PARTICIPANT 2 Program Name:							
Program Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Weekly Fee \$	GA Registration fee (if applicable) \$			Start Date:			
PARTICIPANT 3 Program Name:							
Program Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Weekly Fee \$	GA Registration fee (if applicable) \$			Start Date:			

PAYMENT DETAILS

Name on Card:	Card Type: Visa / Mastercard
Card Number:	Expiry Date:
OR	
Account Name:	Bank Name & Suburb:
BSB:	Account Number:
Signature of Card/Bank Account Holder	
	Date:

CONSENT AND ACKNOWLEDGEMENT

- I give permission for my child/self to receive medical/ambulance assistance in the case of an emergency and agree to pay all costs incurred.
- I give permission for my child/self to be photographed/recorded by SGAC while participating in any activities in the facility. I consent for the photos/recordings to be used for marketing and publicity purposes if required by SGAC.
- I understand that I must abide by the membership terms and conditions, the Code of Conduct and any rules relating to the venue and/or my chosen activity and that I may obtain a copy of these documents at any time from SGAC Customer Service or via the website at <https://www.sgac.com.au/>.
- I agree:
 - to join or renew my membership with West HQ Limited (West HQ) and to be bound by its Constitution (a copy of which is available via the website at <https://westhq.com.au/about/directors/>); and
 - that any minor on this agreement will also be enrolled within West HQ's Junior Membership Program whilst a paying member at SGAC.

WAIVER – GYMNASTIC PARTICIPANTS ONLY

I agree that SGAC will not be held responsible for any injury suffered and any claim/s will not exceed the sum of which the registered gymnastic participant is insured. I acknowledge and agree that unregistered/uninsured gymnastic participants are ineligible to make claims. To assist in providing our services, the organisations which we may disclose information to include: Gymnastics NSW, Gymnastics Australia, insurers, our professional advisors, including our accountants, auditors and lawyers, government, regulatory authorities and other organisations, as required or authorised by law.

TERMS & CONDITIONS

<p>Your contract is ongoing with your membership rolling over from month to month. If you terminate the contract within 30 days of the Start Date, you will be responsible for a \$30.00 admin cancellation fee.</p>	<input type="checkbox"/> Tick to acknowledge
<p>Fees must be paid by Direct Debit from a credit card or bank account in your name. Direct debits will occur fortnightly in line with our Direct Debit calendar, for aquatics and gymnastics.</p>	<input type="checkbox"/> Tick to acknowledge
<p>A rejection fee of \$10 applies for each defaulted payment. SGAC may suspend or cancel classes or services until any outstanding amount is paid. You are liable for all outstanding payments. It is your responsibility to advise SGAC in writing to customerservice@sgac.com.au of any change to debit details, including a new credit card expiry date.</p>	<input type="checkbox"/> Tick to acknowledge
<p>When enrolled in a class, fees are payable whether the class is attended or not. No refunds will be given. If your child progresses to another level or class, you agree to vary this Agreement to reflect any change in class fees.</p>	<input type="checkbox"/> Tick to acknowledge
<p>If you wish to cancel, a 14 day written notice is required to be provided via an online form or email to customerservice@sgac.com.au. Fees will continue to be payable during this time. Any account credit or make-up lessons will be forfeited on cancellation.</p>	<input type="checkbox"/> Tick to acknowledge
<p>We will communicate important information to you via email and/or SMS. It is your responsibility to notify SGAC of any change to your contact details. Refunds will not be provided in the event communication has been sent to the member's nominated email and/or mobile number as held by SGAC.</p>	<input type="checkbox"/> Tick to acknowledge
<p>If there has been no active participation/attendance for 12 consecutive weeks, and there has been no contact with us, SGAC reserves the right to terminate the contract with written notice.</p>	<input type="checkbox"/> Tick to acknowledge
<p>Entry into SGAC is subject to our Conditions of Entry displayed on our front door and on our website. Member (parent/guardian) Access Cards must be swiped on entry at the gate. Lost/damaged/stolen cards can be replaced by Customer Service at a cost of \$5.00.</p>	<input type="checkbox"/> Tick to acknowledge
<p>You must adhere to SGAC's policies and procedures (including the Codes of Conduct) (Rules) and follow all reasonable directions of the SGAC team. SGAC may terminate this Agreement or refuse access to the facilities as a result of a breach of the Rules by yourself or those enrolled on your account.</p>	<input type="checkbox"/> Tick to acknowledge
<p>Absentee Policy – Each student is eligible to schedule 8 make-up lessons per calendar year whilst the student is enrolled in a program at SGAC. Make-up lessons are NOT GUARANTEED and are subject to availability. Notification of absence must be received a minimum of 2 hours before the scheduled class commences and can be provided via an online form or email to customerservice@sgac.com.au. A copy of our Policy including how to book make-up lessons are available on our website https://www.sgac.com.au/policies-guidelines/.</p>	<input type="checkbox"/> Tick to acknowledge
<p>If a member presents themselves with a Notifiable Disease (as set out in Schedule 2 of the Public Health Act, 2010 (NSW)), they must refrain from attending classes and must advise SGAC. See https://www.legislation.nsw.gov.au/view/html/inforce/current/act-2010-127#sch.2</p>	<input type="checkbox"/> Tick to acknowledge
<p>Gymnastics Annual Registration Fee – Gymnastics NSW Annual Registration fee is required to be paid prior to the participant's first lesson every calendar year. Time Hold – Only available to Competitive gymnasts who are entitled to a minimum of 1 week and maximum of 4 weeks in a calendar year. A \$10 admin fee will apply for each time hold. Squad & Competition Fees – Squad fees are not varied if a member is participating in a competition at SGAC or another location, or if they train fewer sessions than scheduled for the squad. Further details of above policies can be found in the Competitive Gymnastics Handbook available on our website.</p>	<input type="checkbox"/> Tick to acknowledge
<p>Aquatics Happy Nappy – All children under 3, and those who are not completely toilet trained MUST wear a 'Happy Nappy', available at Customer Service. We reserve the right to ask any person who is not complying to leave the pool, without any refund or makeup lesson. Keep Watch – Children under 14 must have a parent or guardian present in the facility at ALL times, and adhere to all appropriate keep watch signage in the venue. Changerooms – Children over 6 must use their respective gendered changeroom. There are designated family and disabled change rooms for families to use. Healthy Swimming – SGAC promotes Healthy Swimming guidelines in accordance with the NSW Health Department.</p>	<input type="checkbox"/> Tick to acknowledge
<p>These Terms and Conditions (including fees and operating hours) may be varied by SGAC, at its discretion, which will notify members of any changes.</p>	<input type="checkbox"/> Tick to acknowledge

Member (Responsible Person/Parent or Guardian)

Acknowledgement:

Parent/ Guardian Signature

Date

OFFICE USE - STAFF TO INITIAL	
ID and expiry date sighted	
Class booking(s) made & form checked for completion of all areas incl. 2 signatures	
BOH - IGT & Cards printed:	
BOH - GA (if applicable):	

Effective 8 February 2021

Sydney Gymnastic & Aquatic Centre

33 Railway Street, Rooty Hill, NSW 276602 9851 5811 / info@sgac.com.au / sgac.com.au / westhq.com.au

Proudly owned & managed by
WEST HQ