

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:	Links ID:
Email:		Contact Number:	
Parent <input type="checkbox"/> Guardian <input type="checkbox"/>	Occupation:	Driver Licence No:	Expires:

EMERGENCY CONTACT

Name:	
Email:	DOB:
Contact Number:	Relationship:

PARTICIPANT 1 DETAILS

Name:		DOB:		Gender: M/F	
Preferred Name:		Links ID:			
Any medical conditions that may require medical attention?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please state any medical condition that may affect their participation and provide action plans for asthma, seizures, anaphylaxis, and diabetes. Details:		Action Plan Provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PARTICIPANT 2 DETAILS

Name:		DOB:		Gender: M/F	
Preferred Name:		Links ID:			
Any medical conditions that may require medical attention?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please state any medical condition that may affect their participation and provide action plans for asthma, seizures, anaphylaxis, and diabetes. Details:		Action Plan Provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Participant Program Name:	
Program Days: M/T/W/Th/F/S/S	Program Type: LTS/RecGYM /Competitive
Weekly Fee \$	GA Registration fee (if applicable) \$
Start Date:	

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

Participant Program Name:	
Program Days: M/T/W/Th/F/S/S	Program Type: LTS/RecGYM /Competitive
Weekly Fee \$	GA Registration fee (if applicable) \$
Start Date:	

PAYMENT DETAILS*MUST BE SAME AS RESPONSIBLE PARENT

Name on Card:	Card Type:
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 – GYMNASIIC 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

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.

Tick to acknowledge

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.

Tick to acknowledge

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 update any change to debit details on you're your Member Portal.

Tick to acknowledge

When enrolled in a class, fees costs are payable whether the class is attended or not, this includes any annual gymnastics registration fees. 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.

Tick to acknowledge

If you wish to cancel, a 14-day notice period is required, and cancellation form must be completed on our website. Fees will continue to be payable during this time. Any account credit or make-up lessons will be forfeited on cancellation.

Tick to acknowledge

We will communicate important information to you via email and/or SMS. It is your responsibility to update any change of phone number/email address on your Member Portal. 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.

Tick to acknowledge

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.

Tick to acknowledge

You must adhere to SGAC's policies and procedures (including the Codes of Conduct and Conditions of Entry) (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.

Tick to acknowledge

Absentee Policy –Absences must be marked 2 hours prior to commencement of class on your Member Portal. Each student is eligible to 8 make up lessons, per calendar year. Make up classes are to be booked on your Member Portal. Make-up lessons that are unattended will be forfeited, cannot be rescheduled, or credited to your account.

Tick to acknowledge

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.

Tick to acknowledge

These Terms and Conditions (including fees and operating hours) may be varied by SGAC, at its discretion, which will notify members of any changes.

Tick to acknowledge

Member (Responsible Person/Parent or Guardian)

Acknowledgement:

 Parent/Guardian Signature

 Date

OFFICE USE	
ID Type #/Expiry:	
Class booking(s) made & form checked for completion of all areas inclu. 2 signatures	
BOH – IGT & Cards Printed	
BOH – GA (if applicable)	