BUGS GYMNASTICS

April School Holiday Program

BUGS Gymnastics is running an engaging holiday program over the April school holidays! These sessions will be led by our qualified coaches.

KINDERGYM: PARENT ASSISTED 0-5 years old
9:30am-10:15am - $21.00 per session

Session 2: Monday 8th April

BEGINNER + INTERMEDIATE: 5-12 years old
10:30am-12:30pm - $36.00 per session

Session 1: Wednesday 3rd April
Session 3: Monday 8th April
Session 4: Wednesday 10th April

please send a snack with your child for these sessions (NO NUTS)

Fill out the form below and email it to info@bugsgymnastics.com prior to Friday March 29th to secure your spot!

April School Holiday Program BOOKING FORM

Gymnast Details

CHILD 1 Name: _____ DOB: ___/___/___
Allergies/Health info: _____

Sessions (please circle):   1   2   3   4

CHILD 2 Name: _____ DOB: ___/___/___
Allergies/Health info: _____

Sessions (please circle):   1   2   3   4

If your child requires any medications or has an action plan, these are to be bought in and given to the coach, clearly labelled.

Payment Methods   Credit Card / Internet Transfer (please circle)

<u>Credit Card Payments</u>
Amount: $_____   Cardholder Name: _____
Card Number: _____ Expiry: ___/___
Cardholder Signature: _____ CVC: _____

<u>Internet Bankng Details</u>
BSB: 633-000 Account: 132 989 492 Name: BUGS Gymnastics Club
Bank: Bendigo Reference: CHILD'S SURNAME Holidays

Payment for these sessions are non-refundable unless a medical certificate can be supplied for the dates of the sessions.

Consent

I, the undersigned, consent to the child/children named above attending the Holiday Program and in doing so, agree that BUGS Gymnastics Club Incorporated and/or its representatives (the Club) be free and clear of any responsibility for any accident or illness during the applicant's participation in any activity concerned with this program to the extent permitted by law. I further authorise the Club to obtain any medical assistance as is required and agree to meet any expense attached thereto. I further consent to the use of photographs and/or video footage of the child/children named above taken by BUGS Gymnastics Club Inc. to publicise or display the Club or gymnasts' achievements or activities. If images are to be used we will avoid, wherever possible, naming or identifying the child.

Signature: _____   Name: _____
Date: ____/____/____ Contact number: _____
Email: _____