



## APRIL 2025 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 - \$21.50 per session

Session B: Wednesday 9th April

BEGINNER + INTERMEDIATE: 5-12 years old  
10:30am-12:30pm - \$37.00 per session

Session A: Monday 7th April  
Session C: Wednesday 9th April  
Session D: Monday 14th April  
Session E: Wednesday 16th April

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

**BUGS Current Members:** There is no need to fill out this form unless you are adding a new sibling. If you would like to book, please email us the sessions you want and we will process the appropriate fees on your account.

**Non-BUGS Members:** Please fill out the form below and email it to [info@bugsgymnastics.com](mailto:info@bugsgymnastics.com) prior to Friday April 5th to secure your spot!

# April 2025 School Holiday Program BOOKING FORM

## Gymnast Details

**CHILD 1** Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Allergies/Health info: \_\_\_\_\_

Sessions (please circle): A B C D E

**CHILD 2** Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Allergies/Health info: \_\_\_\_\_

Sessions (please circle): A B C D E

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)

### Credit Card Payments

Amount: \$\_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry: \_\_\_/\_\_\_

Cardholder Signature: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Internet Bankng Details

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: \_\_\_\_\_