



# Waiver & Policy Agreement

Please confirm your spot within two business days after your trial.  
Return this form to your next class or scan and email to [info@melbournegymnasticscentre.com.au](mailto:info@melbournegymnasticscentre.com.au)

Melbourne Gymnastics Centre Pty Ltd (MGC) operates payment on a direct debit system (Mindbody Payment system), taking payment every two weeks in advance. Families can opt to pay for 24 weeks in advance via credit card, cash or bank transfer should they not wish to sign up for direct debit.

Our classes run year-round, including during school holidays. Bookings are ongoing unless you cancel with a minimum of 2 weeks' written notice. No Suspensions are available, families can schedule make-up classes when available. The only days we are closed are during 4 weeks of the summer holidays and any Melbourne public holidays.

Annual Membership/Insurance (valid from signup date to 31 <sup>st</sup> December each year) Pro Rata based Term 1 = Jan through Mar, Term 2 = Apr through Jun, Term 3 = Jul through Sep & Term 4 = Oct through Dec		
Student Membership Fee (KG-45mins class)	Starting Term 1 \$80, Starting Term 2 \$65, Starting Term 3 \$50, Starting Term 4 \$35	
Student Membership Fee (Recreational)	Starting Term 1 \$100, Starting Term 2 \$85, Starting Term 3 \$70, Starting Term 4 \$55	
Student Membership Fee (Competitive)	From \$225 depending on the hours	
<b>Class Fee's</b>		
Baby and Kinder Gym (45mins)	\$23.00 per class	\$46 fortnightly
Recreational Pre & Level 1 to 3 (1hr)	\$26 per class	\$52 fortnightly
Recreational Level 4 to 6 (1.5hr)	\$32.50 per class	\$65 fortnightly
Recreational Level 7 to 9 & Gym4Me (2hr)	\$38.50 per class	\$77 fortnightly
GSC, ALP WAG & MAG	Contact Directly - dependant on training hours and levels	

*Student Membership includes Gymnastics Victoria membership, Insurance, MGC Membership, Equipment Levy, \$25 discount for birthday parties, 20% discount for recreational holiday program & events/programs for competitive students.*

Does the gymnast have any allergies or conditions that we should be made aware of? Please complete and return an ASCIA action plan if your child has any allergies. Is there any information about the gymnast that the coach should be made aware of? E.g., previous injury, social, physical or self-esteem etc.

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By signing the Direct Debit Request (DDR) form, you agree to be bound by MGC's policies. Please carefully read our General Information for Athletes/Families handbook available on our [website](#)

**Marketing Permission:** MGC requests permission to photograph or video students and parents during our programs for the purposes of promoting our programs and gym centers. You or a child's full name, class day or time will never be placed with their image. Captions placed with images will always be general for example: "Recreational students hang on the rings at gymnastics" You understand these photos will be used by MGC for promotional purposes, including websites, posters, newsletters, social media, traditional advertising, digital advertising and within external documents. You understand that you can change or withdraw your permission at any time by contacting MGC's office.

I agree                       I do not agree

**Agreement and Waiver:** By signing below, you acknowledge and agree to be bound by the terms, conditions and policies set out in the document General Information for Athletes/Families Handbook. You understand and agree that the nature of the program involves physical activities which inherently carry some risk of injury. You should instruct the gymnast to follow the gymnastics safety rules provided by their coaches.

You hereby provide your consent to you/your child/your children participating in all MGC activities, and you accept all risks associated with that participation. In addition, you hereby waive any entitlement to make any claim of negligence against MGC, other than any claim which cannot properly be excluded by law.

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Emergency Contact Person Name/Relationship: \_\_\_\_\_  
Emergency Contact Mobile/Email: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_