



Aspyre Geelong Enrolment

Childs First Name: _____ Last Name: _____ Sex M / F

DOB: ____ / ____ / ____ School: _____ Grade: ____

Address: _____ Suburb: _____

Postcode: _____ Home Phone: _____

Parent/Gaurdian Name(s) _____

Parent E-mail: _____

Emergency Contact 1: Name: _____ Ph: _____

Emergency Contact 2: Name: _____ Ph: _____

Medical Release:

Has the participant got an Ambulance Subscription: Yes ☐ No ☐

I, the undersigned, approve of the above application and in doing so agree that the YMCA and it's officers, leaders, staff, agents shall be released from and shall not incur any responsibility or liability whatsoever for any accident or injury to the applicant or for any damage or loss of property of the applicant. I further authorize the YMCA to obtain medical/ambulance assistance in the case of an emergency involving the applicant and I agree to bear any costs thereby incurred.

Photo Release:

During classes and events throughout the year photographs may be taken of the participants, some of these may be used for promotional purposes. **Do you grant permission for photos your child to be used for Treehouse promotional purposes?**

Yes ☐ No ☐

Parent/Gaurdian

Name _____ Signature _____ Date ____ / ____ / ____