



Raffles Gymnastics Academy

driven by passion

Application Form

Class:

Serial No:

PUPIL'S PARTICULARS			
NAME:		GENDER:	M / F
DATE OF BIRTH: (DD/MM/YY)		AGE:	
BC/IC/PP #:		HOME TEL:	
HOME ADDRESS:			
NAME OF SCHOOL:		SPORTS IN SCHOOL:	
PUPIL'S MEDICAL DETAILS			
ANY MEDICAL CONDITION:	YES / NO	ANY KNOWN ALLERGIES:	
DETAILS OF CONDITION(S):			
FAMILY DETAILS			
MOTHER'S NAME:		FATHER'S NAME:	
MOBILE #:		MOBILE #:	
EMAIL:		EMAIL:	
PREFERRED CONTACT PERSON:	MOTHER / FATHER		
IF PARENTS CANNOT BE REACHED IN CASE OF EMERGENCIES, PLEASE CONTACT (NAME & CONTACT):			
RELATIONSHIP WITH CHILD:			
ANY SIBLINGS IN RGA: YES / NO IF YES PLEASE SPECIFY:		1 2 3	
PUPIL'S INTEREST			
PREVIOUS GYMNASTICS:	YES / NO IF YES, PLEASE SPECIFY:		
BACKGROUND:	EXPERIENCE: <input type="checkbox"/> 1-2 YRS <input type="checkbox"/> 3-5 YRS <input type="checkbox"/> 6-7 YRS <input type="checkbox"/> 8-10 YRS		
REASONS FOR CHOICE OF GYMNASTICS CLASS:	TICK A MAXIMUM OF 2: <input type="checkbox"/> RECREATION <input type="checkbox"/> FITNESS <input type="checkbox"/> DISCIPLINE <input type="checkbox"/> COMPETITION <input type="checkbox"/> STRENGTHENING <input type="checkbox"/> OTHERS, PLEASE SPECIFY:		
OTHER INTERESTS:	TICK CHOICE OF INTEREST: <input type="checkbox"/> TRAMPOLINE <input type="checkbox"/> CHEERLEADING <input type="checkbox"/> BALLET <input type="checkbox"/> HIP HOP <input type="checkbox"/> BREAKDANCE <input type="checkbox"/> RHYTHMIC <input type="checkbox"/> OTHERS PLEASE SPECIFY:		

PARENT'S CONSENT

1. I hereby permit my child/ward, _____, to participate in training or classes.
2. I accept that RGA will place my child/ward in the appropriate level and class.
3. I will abide by all terms and conditions, rules and regulations.
4. I will not hold RGA or any of its employees responsible for any injury, and keep RGA indemnified against any claims.
5. I permit RGA to seek medical care for my child in case of an emergency. In an emergency, RGA will contact me, or the person I have designated.
6. I will bear all medical and surgical treatment costs.
7. I will give notice in writing if I wish to terminate my child's classes.

Name of Parent/Guardian:		Signature:	
Date:			

IMPORTANT NOTES

1. We will invite your child/ward to attend a trial lesson if he/she has no previous experience.
2. For children who has paid for trial lesson fee and commenced classes with Raffles Gymnastics Academy within a week, such fee will be offset against the class fees.
3. A one-time non-refundable, non-transferable fee of S\$100.00 is payable upon registration.
4. Course fee is non-refundable and non-transferable.
5. No make-up classes for Public Holidays.
6. Each student is entitled to one make-up class per term. If students wish to attend more than one make-up class, simply pay another S\$10.00 per class to do so.
7. No refund will be given for pupils who are unable to attend the make-up class.
8. Changes made to a scheduled class during the term are subject to class availability. Each change will be charged an admin fee of S\$25.00.
9. For cases of withdrawal, please obtain and complete a withdrawal form from our front desk.
10. RGA reserves the right to amend this policy without prior notice.
***Pre-Comp / High Performance students only (see below)**
11. *No make-up classes are offered to pupils training 12 hours and above.
12. *Pupils are allowed to register with **one club only**.
13. *Competitive programmes are subsidised. As a commitment, a S\$500.00 refundable deposit is payable.
14. *For cases of withdrawal, 2 months written notice is required; otherwise, half a term's fee will be charged and deposit forfeited. Please obtain and complete a withdrawal form from our front desk.

FEEDBACK

HOW DID YOU HEAR ABOUT US?

- FAMILY/FRIENDS
 CHILD'S SCHOOL
 INTERNET
 BANNERS
 OPEN HOUSE (DATE: _____)
 EXHIBITION BOOTH (DATE: _____)
 OTHERS: _____

FOR OFFICIAL USE

DATE/TIME OF TRIAL/ASSESSMENT:	ASSESSED BY:	TRIAL FEES:
LEVEL/PROGRAMME ASSIGNED TO:		CLASS FEES:
CLASS START DATE:		COMMENTS:
STARTING COACH:		