



CVI Registration Paid \$	chq/cash
CVI Registration Number	
Recreational member only Paid \$	chq/cash
Recreational Number	
Joulle Membership Paid \$	chq/cash
Joulle Membership Number	
Office Use Only	

PUPIL REGISTRATION
FORM 2012

Family Name: _____ Given Names: _____

Address: _____ Postcode: _____

Telephone: Home: _____ Mobile: _____

Email Address: _____ Date of Birth: ___ / ___ / ___ Age at 31/12/12 _____

Section: _____ Year First Commenced Calisthenics: _____ Year Commenced at Joulle : _____

Years of Attendance at Joulle: (including this year) _____ Total years of uninterrupted Calisthenics: _____

Previous Clubs attended (if transferring) _____

Pupil Skills level attained _____

CONTACT INFORMATION

Mother/ Female Guardian: _____ Father/Male Guardian: _____

Family Name: _____ Family Name: _____

Given Name: _____ Given Name: _____

Occupation: _____ Occupation: _____

Phone: (H) _____ (M) _____ Phone (H) _____ (M) _____

FAMILY SEPARATION

Are there any arrangements or Family Court orders applicable to this enrolment at **Joulle Calisthenic Academy Inc**
Please Circle **YES / NO**

Please give details: _____

Please use an extra page if needed and /or provide a photocopy of documentary evidence if appropriate.

If **YES**, Please indicate to whom Academy information (e.g. notices, newsletters, and competition details) should be sent.

Mother/Female Guardian Father/Male Guardian Both

Please give details if necessary: Name: _____
Address: _____ Postcode: _____
Email Address : _____