



Kestrel



Gymnastics

Gymnast Name Date of birth.....

British Gymnastics Membership Number

Address.....

Postcode..... Main/Home telephone Number.....

Email address for communication

Parent/carer mobile (primary) Relationship.....Name

Parent/carer mobile (secondary) Relationship.....Name

Emergency contact (name) & telephone number.....

Doctor Name.....Practice Address.....

Any important information we should know about your child; allergies, eyesight correction, dyslexia, etc.
(Please continue on a separate sheet if necessary.)

- I give permission for emergency treatment to be given to my child as necessary, by a registered first aider and/or emergency services.
- I give permission for photographs/videos to be taken and used for training purposes and during displays and at competitions, by coaches, gymnasts and parents.
- I agree to pay promptly, one week in advance of the half-term start and give a full half-terms notice if my child wishes to leave. (Half term is usually 6 weeks)
- I have read the privacy and other policies on the website, and agree to abide by the club code.
- I have listed overleaf all nominated adults whom I give permission to collect my child from gym.

Gymnast SignatureDate

Parent/ Guardian Name.....Relationship to gymnast.....

Parent/Guardian Signature.....Date.....