**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.)

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* 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 track and trace and will ensure that any suspected covid within the household is promptly reported to my coach by email/text.
* 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 club 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 Signature ………………………………………………………………………………..Date ………………………………………………….

Parent/ Guardian Name…………………………………………………………Relationship to gymnast……………………………………

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