

**Gymnast Name …………………………………………… Date of birth………………………………………**

British Gymnastics Membership Number …………………………………………………………………….

Address………………………………………………………………………………………………………………..…

Postcode…………………….………… Main telephone Number………………………………………

**Email address ………………………………………………………………………………………………..**

**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, diabetes, dyslexia autism, etc. (Please continue overleaf if necessary.)

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* I give permission for emergency treatment to be given to my child as necessary, by a coach, 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-term’s 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 and British Gymnastics codes and ethics.
* I have listed overleaf all nominated adults whom I give permission to collect my child from gym.

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

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