

Woburn Sands Gymnastics 2000

Registration Form

BAGA No

SURNAME

FIRST NAME.....

DATE OF BIRTH

KNOWN AS

ADDRESS

HOME TELEPHONE NUMBER.....

POSTCODE.....

MAIN EMAIL ADDRESS

PEOPLE WITH PARENTAL/CARER RESPONSIBILITY

NAME

EMERGENCY CONTACT NO

RELATIONSHIP TO GYMNAST

1.

2.

ANY OTHER EMERGENCY CONTACT NUMBER IF THESE ARE NOT AVAILABLE

3.

KNOWN MEDICAL CONDITIONS, ALLERGIES AND ANY MEDICINES REQUIRED DURING TRAINING SESSIONS

I give permission for qualified First Aiders at the Club to perform First Aid and in serious cases to call an Ambulance.

I have read and agree to abide with all the policies and procedures laid out in the Woburn Sands Gymnastic Handbook and recognise it is my responsibility to check the Club website monthly to keep abreast of any changes to these policies and procedures.

I am happy for the Club to use my email address to keep me informed of any news or events.

I give permission for the Club to take photographs of this gymnast for the purpose of either training or promotions.

Signed Name

Date.....