

The personal information on this form will be held securely and will only be shared with coaches or other individuals who need this information to meet the participant's specific needs

PARENTS NAME _____ **SURNAME** _____

Home Address: _____

_____ Post Code _____

Home Tel No: _____

Mobile No: _____ Name of Contact _____

E-mail address **please write clearly** _____

Alternative Emergency Contacts (preferably a family member)

1. Telephone no: _____ Name of Contact _____

2. Telephone no: _____ Name of Contact _____

Name of child _____ **D.O.B** _____

Name of child _____ **D.O.B** _____

Name of child _____ **D.O.B** _____

Medical/ Health Information

Do you have a long-term illness, medical condition or impairment that limits your daily activities?

Yes No

Please provide details:

Please indicate whether you have any of the below medical conditions:

<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> Dwarfism	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Detaching retina	<input type="checkbox"/> Rodded back	<input type="checkbox"/> Brittle bones

Any other condition which may constitute a risk to my health or wellbeing if the participant were to take part in gymnastics. Please specify:

NB: Where information is disclosed, it may be necessary to seek additional details and/or expert medical advice to confirm that participation in gymnastics activity will not have an adverse impact on health. Any medical screening must be carried out prior to participation in the sport. Please provide details of a doctor who can provide further information about the gymnast's condition

Doctor's name	_____	Contact phone number	_____
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Consents

Please tick each box where you agree (or delete the statement if you do not consent).

Participation

- I consent to taking part in gymnastics & Trampoline.
- I confirm that I am aware of, the club's code of conduct and anti-bullying policy and understand and agree to my responsibilities in connection with these policies.

Photography

- I consent to being photographed/ video footage during coaching sessions for coaching purposes
- I consent to being photographed/ video footage whilst participating in club activities/events and for these images to be used to promote the club in newspaper articles and other media such as the club websites, information leaflets, electronic newsletters and presentations. I understand that I can withdraw consent at any point*

* Please note that we will be unable to remove images that have already been used in publications or publicity material.

Medical

- I confirm that to the best of my knowledge, I am physically fit and healthy, and I have declared any medical information that the club needs to consider prior to allowing me to participate in gymnastics activity.
- I consent to emergency medical treatment or first aid, which, in the opinion of a qualified medical practitioner or first aider is considered necessary. I also understand that should such a situation arise; all reasonable steps will be taken to contact the parent or an alternative emergency contact.

Contact

I consent for you to contact me via

- Email
- Mobile

By signing this document, you will waive certain legal rights including the right to bring forth legal action. I understand that gymnastics, trampoline and acrobatics fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialised apparatus. I acknowledge that personal harm or injury may be sustained during my child's involvement in activity and I declare that I accept full responsibility for my child's safety. I understand clearly that by signing this waiver I acknowledge the potential risks involved and consent to my child's participation.

- I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the club of any changes to this information.

Signed (Parent/ Legal Guardian if the participant is under 16)		Date	
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