**EQUITY MONITORING**

The Disability Discrimination Act defines a disabled person as anyone with a “physical or mental impairment that has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities”

Do you consider yourself to have a disability? Yes No

What is the nature of the disability?

Visual impairment Hearing impairment Physical disability

Learning disability Multiple disability Other - please specify

**MEDICAL/HEALTH INFORMATION**

Please give details of any medical conditions or health needs that the club should be aware of\*:

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Please give details of any allergies.............................................................................................................................

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**PERSONAL AND CONTACT DETAILS**

Gymnast’s name.............................................................................................Date of birth.....................................

Address.......................................................................................................................................................................

....................................................................................................................................................................................

.......................................................................................................................Post code.............................................

Contact no: (home)...............................................................(mobile).........................................................................

Email address:............................................................................................................................................................

Emergency contact name:.........................................................................................................................................

Contact no: (home)....................................................................(mobile)....................................................................

**PARENTAL CONSENT**

I confirm my child is physically fit and healthy and I will undertake to advise you of any change. I consider him/her capable of taking part in gymnastics. I have completed the section on medical details and give consent that in the event of any illness/accident any necessary treatment can be administered. If surgery is necessary this may include the use of anesthetics. I confirm that I have read through the participants code of conduct with my child and they understand and agree to abide by the rules.

In signing this agreement I declare that I am aware of the element of risk involved and while I accept that the coaches and event personnel will take precautions to prevent accidents, I understand that they may not be held responsible for injury to my child or loss or damage to personal belongings.

I confirm that my child is a member of British Gymnastics.

I am aware that photographs and video footage may be taken during sessions & events for coaching and promotional purpose. I consent to my son/daughter to appear in photographs. I understand that no personal information will displayed with the image. Permission is needed from the head coach if parents/carers wish to take individual photographs or video’s of their child during gymnastics sessions.

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_