Gymnastic Agreement and Medical Disclaimer for you’re Child.

Date of starting at Gymnastica

Child’s Name

Child’s Surname

Any other sibling

Name

Surname

Child’s address

Date of birth

Parents full name

Parents phone number

Emergency phone number

Address

Who will be collecting you’re child ?

Full name

Contact number

Email address

Does you’re child have any medical conductions? YES. NO.

If yes please tell us more information

Photos for social media and website do you give consent. YES. NO.

Every parent must pay medical Aerial Insurance on our website before you’re child attends classes

Date. Sign

Do you agree to pay full amount of the term fee and accept that if you’re child isn’t happy the payment must still be maud

Date Sign