



## **GYMNAST APPLICATION & INFORMATION FORM**

Please fill in this form with the correct details and email back to

[flipping@peacockgymnastics.com](mailto:flipping@peacockgymnastics.com) either by photo, scan or .pdf

PEACOCK GYMNASTICS ACADEMY LTD.  
email: [flipping@peacockgymnastics.com](mailto:flipping@peacockgymnastics.com)

**MUST BE RECEIVED BY PGA TO BE ADDED TO WAITLIST.**

### Gymnast Details:

Name of Gymnast: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending: \_\_\_\_\_ School Year: \_\_\_\_\_

### Parent/Guardian Info No.1:

Name: \_\_\_\_\_ Relationship to Gymnast: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address : \_\_\_\_\_

Postcode: \_\_\_\_\_

### Parent/Guardian Info No.2:

Name: \_\_\_\_\_ Relationship to Gymnast: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address : \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Gymnast Background (has the gymnast had any experience in gymnastics)

☐ Yes

☐ No

If so , please explain, clubs, awards, etc:

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Does your gymnast have any sibling(s) attending PGA currently?

☐ Yes

☐ No

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

Does your gymnast have any medical conditions or learning disabilities?

☐ Yes

☐ No

If yes please fill in section below:

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If any of these medical conditions or learning disabilities require specialist requirements, please list below:

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Do you allow your child to have photos taken for club purposes (i.e. Website, Instagram etc.)

☐ Yes

☐ No

How did you hear about us?

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What class you are looking to attend?

All children MUST be school aged to attend an avocation or parkour class.

☐ Peachicks Pre-school

☐ Beginner Avocation

☐ Advanced Avocation

☐ Parkour (Boys Only)

☐ WAG Squad Enquiry

☐ MAG Squad Enquiry

What day are you looking to attend? - Please tick all that apply.

*Please note: The more days you select the faster a spot will become available.*

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Sunday

What age group best applies? - (For avocation enquiries)

☐ 4-8 years

☐ 7-11 years

☐ I have read and understand Peacock Gymnastics Code of Conduct.

Please print and sign your name below if the above details are correct.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_