



**BG Membership No.:** \_\_\_\_\_

**Membership Registration Form**

**Gymnasts Personal Details:**

<b>Full Name:</b> _____	<b>Male/Female:</b> _____
	<b>Date of Birth:</b> _____
<b>Full Address:</b> _____	
_____	<b>Post Code:</b> _____
<b>Home Telephone:</b> _____	
<b>Parent/Guardian Mobile:</b> _____	
<b>Parent/Guardian Email:</b> _____	

**Emergency Contact Details:**

<b><u>Contact 1:</u></b>	
<b>Full Name:</b> _____	<b>Relationship to child:</b> _____
<b>Home Telephone:</b> _____	<b>Mobile:</b> _____
<b><u>Contact 2:</u></b>	
<b>Full Name:</b> _____	<b>Relationship to child:</b> _____
<b>Home Telephone:</b> _____	<b>Mobile:</b> _____

**Photographs**

Occasionally we may take photographs for use on the clubs website or for other promotional purposes. Please tick the box if you DO NOT wish for your child to have their photo taken

**Medical Conditions**

1. Is your child physically fit and healthy enough to participate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Does your child have any special need or medical condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Does your child take any medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**If you have answered YES to questions 2 or 3 please complete the medical questions on page 2 of this form.**

**Medical Questions** *(It is vital you provide accurate information on this form)*

<p>Name / Terminology for Special need / medical condition i.e. Dyspraxia, ADHD etc.</p>	
<p>Please provide a brief description of symptoms</p>	
<p>What impact will the stated condition have on the child during their gymnastics class?</p>	
<p>Does your child need to take any medication into the gym? i.e. Inhaler</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/>  <b>Any medication needs to be handed to the coach at the beginning of the class AND collected after the class</b></p>
<p>If you answered YES to the previous question then please describe the type of medication they require and confirm that your child knows what to do in the event the medication is needed.   <b>**** Please note we are unable to administer "Epi-pens" or the like ****</b></p>	<p>Description:           Child knows how to use medication?          YES <input type="checkbox"/> NO <input type="checkbox"/></p>

**PARTICIPATION AGREEMENT**

While actively participating in the sport of Gymnastics there is an inherent risk of injury. The club and coaching staff will endeavour to minimise any risk through practicing good sound coaching technique, however there is still a risk that accidents may happen. All members must abide by the safety rules and codes of conduct set out by the club at all times. It is the responsibility of the participant/parent to ensure that the member is physically fit and healthy to participate in the gymnastics session. By signing below you agree to all of the above, you confirm the participant is healthy and physically fit enough to participate in gymnastics and you agree to adhere to the safety rules and codes of conduct set out by Excel Gymnastics Academy at all times.

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

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

Class Day: \_\_\_\_\_ Time: \_\_\_\_\_

**Please bring the completed form along with you to your first session and ensure it is signed by a parent/guardian**