

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

**Adult Membership Registration Form**

**This form is for members aged 18 years of age or over**

**Gymnasts Personal Details:**

Full Name: _____	Male/Female: _____
	Date of Birth: _____
Full Address: _____	
_____	Post Code: _____
Home Telephone: _____	
Mobile: _____	
Email: _____	

**Emergency Contact Details:**

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

**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 to have your photo taken	<input type="checkbox"/>
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**Medical Conditions**

1. Are you physically fit and healthy enough to participate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do you have any special need or medical condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do you 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 you during the gymnastics class?</p>	
<p>Do you 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 you require. <b>**** Please note we are unable to administer "Epi-pens" or the like ****</b></p>	<p>Description:</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 your responsibility to ensure that you are physically fit and healthy to participate in the gymnastics session. By signing below you agree to all of the above, you confirm that you are 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.

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

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

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

**Please bring the completed form along with you to your first session**