



REGISTRATION AND CONSENT FORM



Forename Surname:

Address:

..... Postcode.....

Telephone: Mobile:
(if gymnast is under the age of 16, the email of the parent must be given)

Email address:
(if gymnast is under the age of 16, the email of the parent must be given)

School/College:

Age:DOB:...../...../..... BG Membership No: *(if applicable)*

MEDICAL/HEALTH INFORMATION

Please give details of any medical condition or health needs that the club should be aware of: (Please supply any additional information on conditions that may require extra consideration by staff. It may be necessary to seek medical advice to confirm that participation in gymnastics activity will not have a negative impact on health)

.....

Allergies:

Doctor Name:.....Telephone:.....

EMERGENCY CONTACT: Name:

Telephone: Relationship:

RELIGIOUS NEEDS: Please specify any specific religious requirements:

.....

| | |
|--|------------|
| 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 trampoline 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 anaesthetics. I confirm that I have read through the Participant's 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 loss, damage, or injury to my child. | |
| I am aware that photographs and video footage may be taken during the event for coaching and promotional purposes. I do / do not consent (<u>please delete as appropriate</u>) for my son/daughter to appear in photographs. I understand that no personal information will be displayed with the image. | |
| Parent/Guardian Name | |
| Signed (Parent/Guardian) | Date |

How did you find out about Greenwich Bouncers trampoline academy?
.....