

Sandbach Gymnastics (2017) – General Gymnasts
GYMNAST DETAILS FORM

Today's Date:	Training Group Coach:
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GYMNAST INFORMATION

Gymnast Last Name	First Name	Middle Name		
Home Address	Town	Post Code		
Home Phone No.	Mobile Phone No.	Mobile Phone No.		
	Insurance	Birth date	Age	Sex
	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		<input type="checkbox"/> M <input type="checkbox"/> F

MEDICAL CONDITIONS

Please advise the Centre of any known Medical Conditions that may affect the above named child whilst participating in the sport of gymnastics.

Condition:	Medication:	Doctors' Advice:

In the event that the above named child becomes injured whilst attending the Centre, every attempt will be made to contact the parent or guardian immediately. First aid and specialist services will be administered and sought where applicable.

PHOTOGRAPH, VIDEO, WEBSITE + FACEBOOK POLICY + YOUTUBE

It is understood that by participating in gymnastics at Sandbach Gymnastics, that we may occasionally record images in any form and any medium which reasonably promotes or advertises the aims of Sandbach Gymnastics. Please note that the material will not be used for any other means.

PARENT / GUARDIAN CONSENT DETAILS

Parent / Guardian Name:	<i>Parent/Guardian signature</i>	<i>Date</i>

The above information is true to the best of my knowledge.

We advise parents of children 8yrs and under remain on site for the duration of your child's class. If this is not possible we recommend that you designate another parent / guardian of your choice to do this for you.

Please note the coaches will be coaching and are unable to do this for you.