



## **OPEN DAY REGISTRATION FORM**

<b>Childs Name</b>			
<b>D.O.B</b>	/	/	<b>Age</b>
<b>Home Address</b>			
<b>Telephone Numbers</b>	<b>Home.....</b>  <b>Mobile 1.....</b>		
<b>E-mail</b>			
<b>Does your child have any known medical problems / injuries / allergies?</b>	<b><u>Details</u></b>		
<b>Has your child had any previous gymnastics training?</b>			
<b>Any other info?</b>			