





REGISTRATION FORM 2014 – 2015 Adult Gymnastics

| Full Name | | | | | |
|--|-------------------------|-----------|---------------------------------------|------|--|
| D.O.B | / / | | Age | | |
| Male / Female (Delete) | School | Attending | j | | |
| Home Address | | | | | |
| | | | | | |
| | Postcode: | | | | |
| Occupation | | | | | |
| Telephone | <u>Number</u> | | | Name | |
| Numbers | Home | | | | |
| <u>Important</u> | Day | | | | |
| (Complete All) | Evening | | | | |
| , | Mobile 1 | | | | |
| | Mobile 2 | | | | |
| E-mail (To get club updates, info & | | | | | |
| news on gym courses | etc & pay | | | | |
| online. (IMPORTANT! Please provide a contact | | | e a contact e-mail if | | |
| Additional | | possible) | | | |
| | 1 Name | | | | |
| Emergency contacts | 1. Name Contact numbers | | | | |
| Important | | | | | |
| (Complete All) | 2. Name Contact numbers | | | | |
| Name of GP | Contac | Humbers | · · · · · · · · · · · · · · · · · · · | | |
| Name of GP | Namo | | | | |
| | | | | | |
| | Surgery Name Tel Number | | | | |
| Do you have any known | Details | 1001 | | | |
| medical problems / | Details | | | | |
| injuries / allergies? | | | | | |
| Have you had any | | | | | |
| previous gymnastics | | | | | |
| training? | | | | | |
| Any other info? | | | | | |
| | | | | | |
| | | | | | |

We need your consent for the following;

| If you are ill / has an accident. In the event of us not being | Please sign if you agree. |
|---|--|
| able to contact the named people on the registration form, | |
| please give permission for lead coaches to authorise medical | Print Name |
| treatment. This must be agreed to. | Tillt Name |
| | Signature |
| The club may occasionally take photos / video of gymnasts | |
| during gym sessions or events (displays etc). These may be | Please sign if you agree. |
| used for training purposes, newspaper articles, advertising / | |
| displays, on our website and for appropriate organisations eg: | Signature |
| BAGA / Milano. | |
| I understand that gymnastics is a high-risk sport due to its | Please sign if you agree. |
| physical nature, and accept that whilst we ensure safe practice | riease sigir ii you agree. |
| in the gym, injuries may occur. Gymnasts must follow the | a |
| relevant codes of conduct / policies to ensure risks are | Signature |
| minimised. | |
| British Gymnastics – Jewellery Policy. BAGA have zero | Please sign to confirm you understand. |
| tolerance for wearing Jewellery. Gymnasts must not | riease sign to commit you understand. |
| participate in gymnastics or trampoline classes, whilst wearing | a |
| any Jewellery (rings, bracelets, necklaces) including earrings & | Signature |
| studs, body piercings, dermal piercings, including new | If you wish to have any piercings it is best to do this in the |
| piercings. This also applies to class participants eg: Parents in | summer holidays to avoid any missed sessions where they cannot take part due to not being able to remove piercings. |
| Pre School classes. For more information the policy can be | Unfortunately new piercings can not be covered with |
| viewed at the club or on the BAGA website. | tape as an alternative option. |
| DISCLAIMER: SCARBOROUGH GYMNASTICS ACADEMY IS | Please sign to confirm you understand & |
| NOT RESPONSIBLE FOR ANY INJURY TO ANY PERSON WHILE | agree. |
| PARTICIPATING IN ADULT OPEN GYMNASTICS SESSIONS. | agree. |
| | |
| THE NATURE OF THE SESSION IS OPEN ALTHOUGH COACHES | O'markum |
| ARE AVAILABLE FOR HELP AND ADVICE THROUGHOUT THE | Signature |
| SESSION. ALL PARTICIPANTS MUST ENSURE SAFE PRACTICE | |
| LC BABINITAINIED TUDOUCUOUT THE CECCION AND ALL DILLEC | |
| IS MAINTAINED THROUGHOUT THE SESSION AND ALL RULES | |
| ARE ADHERED TO. ANY PARTICIPANTS NOT RESPECTING | |
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