





OPEN DAY REGISTRATION FORM

Childs Full Name				
D.O.B / /	A	Age: MALE / FEMALE		FEMALE
Home Address				
	Postcode:			
Telephone Numbers Number			Name	
<u>Important</u>	Home			
(Complete All)	Mobile 1			
,	Mobile 2			
E-mail (To get booking forms, club				
updates, info & news on gym o	•			
pay online)				
Does your child have any known Details				
medical problems / injuries /				
Allergies? Has your child had any previous				
gymnastics training?				
Participants should wear hair tied back with gymnastics clothing which is easy to move in and appropriate to the				
sport, extra layers,eg a hoodie may be worn during the warm up. Gymnasts may wear a fitted tshirt / gym vest,				
gymnastics crop top or leotard which may be worn with or without gym shorts, leggings, boys stirrups or jogging bottoms which are gathered at the ankles. Please do not wear any items of Jewellry or items which have buttons,				
buckles and zips on. Many Thanks				
Sessions Booking For	Gymnastics Fun For Age 4-6 - Yes / No			
	Apparatus Fun For Age 7+ - Yes / No			
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	Bouncing Fun For Age 7+ - Yes / No			
We need your consent for the following;				
The club may occasionally take photos / video of gymnasts			Please sign if you agree.	
during gym sessions or events (displays etc). These may be				
used for training purposes, newspaper articles, advertising / displays, on our web pages and for appropriate organisations			Signature	
eg: 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 in the gym, injuries may occur. Gymnasts must follow the			O'mark was	
relevant codes of conduct / policies to ensure risks are			Signature	
minimised.				
I AGREE TO SGA SENDING ME IN	JFORMATION	Drint Nama		
/ EMAIL REGARDING THE CLUBS ACTIVITIES.			Print Name	
			Signature	