



## Southampton Gymnastics Club

### Consent Form for off-site competitions, displays and activities

Name:.....  
Birth:.....

Date of

Address:.....  
.....  
.....

Post Code:.....

Telephone number:.....

Parent/guardian name:.....

Parent/guardian address (if different from above):.....  
.....  
.....

Post Code:.....

Parent/guardian phone number (if different from above):.....

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I undertake to pay the required sums by the dates specified in the information and accept that in respect of any withdrawal from the competition/trip, for whatever reason, there can be no refund of the whole or part of the payments unless the circumstances are covered by insurance.

#### Medical Information

Any specific medical conditions requiring medical treatment and/or medication?

Yes

If yes, give details:

No

Any allergies?

Yes

If yes, give details:

No