



Southampton Gymnastics Club

Participation Form

2011/2012

Name of Class:
Day:
Time:

Gymnast Personal Information

Name:	Date of Birth:
Address:	Postcode:
Club session gymnast currently attends:	
School:	Ethnic origin (optional):

Parent/Guardian

Name:	Home Phone:
Mobile Number:	Emergency Contact Number:
Email:	
Occupation:	
Would you be happy to volunteer in any way with regards to your occupation?	

Medical Information

Any medical conditions we should be aware of?	
Any known allergies?	
Any Disabilities?	
Any special needs/requirements? I.e Learning/poor eyesight/wear glasses etc	
To give permission for a SGC Coach to act "in loco parentis" should it become necessary, please sign below	
Signature:	Date:

Participation agreement

Gymnastics and Trampoline activities have an inherent risk of injury and although the Club will endeavour to minimise any risk, accidents may still happen. It is incumbent on all members to abide by the safety rules and codes of conduct at all times. The participant/parents are required to ensure that the member is physically fit and healthy to participate, particularly after illness or injury.

In signing this participation agreement I declare that I understand the element of risk and I am willing to participate and will adhere to the safety rules and code of conduct.

WE, THE PARENT(S)/GUARDIAN(S) AND CHILDREN AGREE TO PLAY BY THE CLUB RULES.

The Club may take official photographs during classes which will be used for club & promotional purposes.
If you do not wish pictures of your child to be used in this way, please tick here

Signature:

Date: