

# WETHERBY GYMNASTICS

wetherbygym@gmail.com

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## Registration Form

Gymnast Name	
Date Of Birth	
BG Insurance Number	
Email Address	
Preferred Contact number	
Emergency Contact Number	
Home Address	
	Post Code:

Doctor's Name	
Doctor's Address	

Does your child have any recurring illness / allergies? If yes please give details on the back of this form.	
What was the date of your child's last tetanus injection?	
Do you give permission for a First Aider to give your child any necessary emergency treatment?	

I accept that:	Yes / No
the training fees are non-returnable	
absence from training needs to be notified to the club manager.	
my child will arrive suitably dressed (leotard, tracksuit, hair tied back)	
my child must seek permission from their personal coach before going to the toilet. (the best time to go is before the session starts).	
the club has an open viewing policy.	
my daughter's training must be exclusive to Wetherby gymnastics club except where permission has been granted from the head coach.	
all decisions regarding training/competition/welfare and safety are at the discretion of my daughter's personal and the club manager.	
<b>Authorised Signature</b>	<b>Date :</b>