



## MEMBERSHIP & REGISTRATION FORM (1 per child)

For Official use	
Membership Number	
Added to GymData	
Transaction Sheet	
Registers x2	
Badge sheet - LF & Zone	
Medical	
Staff	

Gymnastics Factory is pleased to welcome you to the club and would be grateful if you would complete the form below. If under 16 years of age, it must be signed by a parent or guardian on your behalf.

### PERSONAL DETAILS OF MEMBER

FULL NAME \_\_\_\_\_ M/F \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ POSTCODE

HOME TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### MEDICAL CONDITIONS

1) I confirm that I am physically fit and healthy to participate YES  NO

2) Do you have a special need or medical condition? YES  NO

3) Do you take any medication? YES  NO

**If you have answered YES to questions 2 or 3, please complete the medical form overleaf**

### EMERGENCY CONTACT NUMBERS

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ No: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ No: \_\_\_\_\_

### PHOTOS

From time to time we may take photos of the children in the gym and place them on our news screens, web site or for promotional purposes. Please tick the box if you **DO NOT** want us to take photos of your child

### PARTICIPATION AGREEMENT

Gymnastics & 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/parent are required to ensure that the member is physically fit and healthy to participate and will adhere to the safety rules and code of conduct. I confirm that I have seen and accept the policies of Gymnastics Factory.

Name of Parent or Guardian \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

## Medical Form

In order for you/your child to get the best out of classes, it helps if we are aware of anything that may affect them while doing gymnastics.

Please complete the form giving us as much information as possible so we can help as best we can.

Name /Terminology for special need or medical condition i.e. Dyspraxia, ADHD etc.	
Brief description of symptoms	
Impact the condition may have during the child's Gymnastics Class	
Does your child need any medication.	YES [ ] NO [ ]
Does this medication need to be taken into the Gym i.e. Inhaler	YES [ ] NO [ ]  <i>Any Medication needs to be handed to the coach at the beginning of the class AND collected after the class</i>
If YES please give type of medication and confirm Child knows what to do in the event of needing to use it ***	YES [ ] NO [ ]

**\*\*\* Please note we are unable to administer "EPI" pens or the like.**

**Thank You  
The Team at Gymnastics Factory**