

Comberton Gymnastics Club Registration Form

PRIVACY INFORMATION

We use your personal data to identify an appropriate class for you/your child and to ensure you/they are well supported and safe whilst participating in gymnastics. All personal data will be held securely and will only be shared with coaches or others who need this information to provide gymnastics activity and meet your/your child's needs.

All participants require British Gymnastics membership. To set up your membership account, go to the British Gymnastics website directly. You can also find British Gymnastics' privacy notice [here https://www.british-gymnastics.org/safesport/privacy-notice](https://www.british-gymnastics.org/safesport/privacy-notice) to learn about how British Gymnastics uses your personal data.

If you would like more information on how we use your/your child's personal data, please see our website or contact us to request a copy.

Participant name: Date of birth:

Gender: Parent/guardian name/s (if applicable):

Address:

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Postcode: Email:

Contact no: (home): (mobile):

EMERGENCY CONTACTS

1st Emergency Contact: Relationship to participant:

Contact no. (home): (mobile):

2nd Emergency Contact: Relationship to participant:

Contact no. (home): (mobile):

MEDICAL/HEALTH INFORMATION

Please provide details of any relevant medical conditions and/or allergies that the participant (i.e. you/your child) has and any treatment/medication that may need to be administered*:

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REASONABLE ADJUSTMENTS

Please let us know of any other information that can support your participation in gymnastics. These include, Neurodivergence, Disability, Visual or Hearing impairment, any mobility aids you may require, this can also include support of your religious beliefs (e.g prayer space or change of session time or day).

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** We have a legal obligation to ensure that it is safe for you to participate in gymnastics. There are some contraindications to gymnastics, which require medical advice or screening prior to or to support your participation. Conditions which further medical advice must be sought include, Detached Retina, Pregnancy, Rodded back and Antlanto-Axil Instability (increased risk in people with some disabilities).*

You do not have to disclose any health information to us, but you should consult with a medical practitioner to confirm that it is safe to participate. We will use any information you provide to undertake a risk assessment. It may be necessary to seek additional details and/or expert medical advice to confirm that participation in gymnastics activity will not have an adverse impact on health. Any medical screening must be carried out prior to participation in the sport.

I consent for the information I have provided to be used for carrying out risk assessments and reasonable adjustments and understand that the club may contact me if they require any further information.

FILMING & PROMOTIONAL ACTIVITIES

On occasion, we may film you/your child during a gymnastics session for coaching purposes. We will retain these images only for as long as they are required to support your/your child's learning and in any event no longer than (e.g one month)

If relying on consent, add the wording below:

We may also take photos to promote the club on our website, club social media account and in communications. All film and photos of children will **only** be published **if we have your consent to do so** and in line with our safeguarding policy.

Tick each box where you agree...

I agree for my/my child's photo to be published; On the club website On social media On club website or social media that is restricted to members On the club newsletter and promotional material

MARKETING (Please tick each box where you agree).

I consent for the club to contact me to send me club news and information about gymnastics activities that I might be interested in.

By email Other Please state:

AGREEMENTS (Please tick each box where you agree.)

I confirm that to the best of my knowledge, I am/my child is physically fit and healthy and am aware of no other information which needs to be considered in advance to ensure that I /they can participate safely in gymnastics activity.

MEDICAL TREATMENT/FIRST AID

Please provide details of any relevant medical conditions, injuries, and allergies that the participant has and any treatment and/or medication that may need to be administered.

I agree to emergency medical treatment or first aid, which, in the opinion of a qualified medical practitioner or first aider is considered necessary. I also understand that should such a situation arise; all reasonable steps will be taken to contact an emergency contact.

CONDUCT

I agree to comply with the club rules.

I agree to the [British Gymnastics membership rules \(www.british-gymnastics.org/memberships\)](http://www.british-gymnastics.org/memberships) and authorise the club to act on my behalf to register me as a member of British Gymnastics.

I confirm that I am aware of the club's code of conduct and anti-bullying policy and understand and agree to my responsibilities in connection with these policies.

DECLARATION

I confirm that to the best of my knowledge, all information provided on this form is accurate, and that I will undertake to advise the club of any changes to this information.

Signed (Participant): Date:

Signed (Parent/guardian with parental responsibility if the participant is under 16):

..... Date:

You can withdraw your consent for us to use your personal information for any agreed purpose at any time.