

REGISTRATION AND CONSENT FORM

PERSONAL AND CONTACT DETAILS

Gymnast name:D.O.B :.....
Club:Comberton Gymnastics.....Discipline:
Home Address:
.....
.....Postcode:
Contact tel no:
Home:Mobile:
Emergency Contact details:
.....
Relationship to gymnast:
Email address:

MEDICAL / HEALTH DETAILS

Please give details of any medical conditions or health needs that the club should be aware of*:

.....
Please give details of any allergies:

Doctor's Name:

Doctor's contact:

Please give details of any specific dietary requirements:
.....
.....

* Please supply any additional information or conditions that may require extra consideration by our coaches. It may be necessary to seek medical advice to confirm that participation in gymnastic activities will not have a negative impact on health. Medical information will be sought and where necessary any screening carried out prior to participation in our sport.

PHOTOGRAPHY

I DO / DO NOT give my consent

Please sign:

OTHER INFORMATION / RELIGIOUS NEEDS

Please specify any other details you think we should be aware of or any specific religious requirements:

