

All information provided on this form is confidential and will be stored appropriately in line with the data protection act 1998.

REGISTRATION AND PARTICIPATION AGREEMENT

Please fill out in capital / print

Parents Full Name _____

Child's Full Name _____ D.O.B _____

Email Address _____

Home/Mobile Number _____ Emergency Contact Number _____

Class attending (day/Time) _____

Any medical issues we need to be aware off (please speak to coaches directly about any medical issues or injuries that may affect or may be affected by participation in gymnastics / trampolining)

Parent/Guardian Waiver and Release:

I fully understand that Altrincham Gymnastics Academy workers / Gymnastics staff members are not doctors or medical practitioners of any kind. With the above in mind, I hereby release staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the staff to seek medical help and/or call an ambulance. You agree that you are aware that your son/daughter will be engaging in physical exercise involving gymnastics and trampolining which could cause injury to them. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated.

You agree that your son/daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might incur as a result of these activities. Gymnastics Staff will make no evaluation or recommendation whether your son/daughter is physically fit for any physical activity. If your son/daughter has any physical condition that may impair his/her ability to engage in the activities, it is your responsibility to obtain a doctor's statement describing any limitations to participate in this program. Please inform coaches directly of any medical issues/ injuries that may affect participation. All participants must register themselves as a member with British Gymnastics at a cost of £19 per annum and pay £15 per annum membership fee to the club.

Please note, all parents/guardians are responsible for registering their child with British Gymnastics. Gymfinity Gymnastics will not be held liable if your child is not insured with British Gymnastics.

Signed _____ (Parent / Guardian) Date _____

Are you happy to be contacted regarding competitions/holiday camps/fees/class notifications/fundraisers/any important information? **YES/NO** (Please circle)

Please indicate how you wish to be contacted: (You may circle more than one)

PHONE TEXT EMAIL SOCIAL MEDIA (Please circle)

Photo Waiver:

I give Gymfinity Gymnastics permission to use my and or my children's photographs on print and or video for promotion / marketing purposes only.

Signed _____ (Parent/ Guardian) Date _____