

Please Print Clearly

Torbay Olympic Gymnastics Club

Session Day & Time.

Start Date or change of address

Gymnasts Name: M / F Session Type : F4B P&T P/S Rec Gym

Address: Rec Tramp Adults Cheer Squad

Post Code: D.O.B

E-Mail

Tel.No. Additional Emergency Contact

Do you have a brother or sister in the club? Yes / No (name)

School Name of Doctor

Gymnast: Do you have any disability / medical problems we should know about? Yes / No

If YES, PLEASE give details:

Adult with the Fun 4 Baby & Parent & Toddler:

Do you have any disability / medical problems we should know about? Yes / No

If YES, PLEASE give details:

Do you have a Garden Trampoline? Yes / No

Do you already have any Gymnastic's / Trampoline badges ? Yes / No Which ?

How did you find out about the Club? Word of mouth Advert Internet Relation

Busy Lizzy's Play Cafe Other

For help or advice information:

Fathers occupation: Mother's occupation :

In order to help our club monitor its membership, if you wish, please tick one of the boxes to identify your ethnic group:

- | | | | |
|--|---|---|--|
| Bangladeshi <input type="checkbox"/> | Black African <input type="checkbox"/> | Black Caribbean <input type="checkbox"/> | Black Other/British <input type="checkbox"/> |
| Chinese <input type="checkbox"/> | Indian <input type="checkbox"/> | Pakistani <input type="checkbox"/> | Asian Other/British <input type="checkbox"/> |
| White British <input type="checkbox"/> | White European <input type="checkbox"/> | White non European <input type="checkbox"/> | Other <input type="checkbox"/> |

Gymnastics and Trampolining 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/parents are required to ensure that the member is physically fit and healthy to participate, particularly after illness or injury.

I AGREE TO MY SON / DAUGHTER BECOMING A MEMBER OF THE T.O.G.C., ABIDING BY IT'S RULES AND THAT THEY WILL, NATURALLY HAVE TO BE PHYSICALLY SUPPORTED BY BOTH MALE AND FEMALE COACHES.

By ticking this box I agree to any photographic or video images being used in publicity and advertising including the Club website, within our Photographic Policy.

Signed Printed Name Start Date

EMERGENCY MEDICAL CONSENT

In the absence of parent / guardian I consent to emergency medical treatment being administered to my son/daughter.

Signed Parent / Guardian Date

This information is put onto computer, to assist in the administration of the Club and is kept strictly private, as per the Data Protection Act.