SALTAIRE GYM CLUB

MEMBERSHIP FORM

DOB:

GYMNAST NAME:

ADDRESS:

POSTCODE:

GENDER:

PARENT/GUARDIAN CONTACT 1

EMAIL:

TELEPHONE NO:

RELATIONSHIP TO GYMNAST:

NAME:

PARENT/GUARDIAN CONTACT 2

EMAIL:

TELEPHONE NO:

RELATIONSHIP TO GYMNAST:

NAME:

EMERGENCY CONTACTS

In case of an emergency it would be helpful to have two additional emergency contacts.

NAME:

RELATIONSHIP TO GYMNAST:

TELEPHONE NO:

EMAIL:

EMAIL:

TELEPHONE NO:

NAME:

RELATIONSHIP TO GYMNAST:

MEDICAL INFORMATION

Please use this space to provide any further details about your child you think are necessary:

Does your child have any additional needs? If so, please give details below:

Does your child have any pre-existing medical conditions? If so, please give details below:

Does your child have any allergies?

Does your child have asthma?

Does your child have any hearing impairment?

Does your child wear glasses?

Please indicate below whether you give consent for:

* Saltaire Gym Club to provide appropriate first aid where necessary. YES/NO
* Saltaire Gym Club to take photos and videos of your child for training purposes. YES/NO
* Saltaire Gym Club to use photos and videos of your child for marketing purposes, on the website and social media.

YES/NO

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_