## **REGISTRATION FORM**

Gymnastics Zone Ltd is pleased to welcome you to the club and would be grateful if you would complete the form below.

PERSONAL DETAILS OF MEMBER		
Full Name	M/F	Date of Birth
Address		
	Postco	ode
Home Telephone Mobile Telephor	ne	
I can confirm that my child is physically fit and healthy to participat	e	
Do you consider your child to have a "special need"? YES NO		
If "yes" please state the nature of the "special need"		
Is your child taking any regular medication? i.e., inhaler	YES	NO
If "yes" please state which medication		
Emergency contact number		
(If unaccompanied by parent or guardian)		
FEES		
<b>Annual Membership Fee:</b> This membership is payable on joining or returnable. It encompasses the appropriate British Gymnastics mer club.		
TUITION FEES		
Fees are payable at the beginning of each term by bank standing order and cover the class fees for your child.		
PARTICIPATION AGREEMENT		
Gymnastics 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/parent are required to ensure that the member is physically fit and healthy to participate and will adhere to the safety rules and code of conduct. I confirm that I have seen and accept the policies of Gymnastics Zone Ltd.		
Name of parent or Guardian		
Signed Date		
DUOTOCDADUY CONCENT		
<b>PHOTOGRAPHY CONSENT</b> I hereby agree/disagree that my child may be photographed during	training	only and the image( $c$ ) used for the sele
purpose of developing & maintaining the club website.	uanny	only and the image(s) used for the sole
purpose of developing & maintaining the club website.		
Name of parent or Guardian		
Signed Date		
For official use		
Account no Date entered	В	G Membership No