

Club Registration & Medical Form

All personal information provided is strictly private and confidential and will be held securely. It will only be shared with coaches or others, relevant to the club, who need this information to ensure your child is safe and well supported whilst participating in gymnastics at our club. If you would like more information on how we use information about your child, then please visit our website www.tootinggymclub.co.uk and view our Privacy Policy/Notice or contact us at tootinggymclub@btinternet.com

Personal Contact Details (please print your details clearly)		
Participant Name:		Date of birth:
Address:		
	Postcode:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Email:		
Contact Numbers		
1 st (Primary) Contact Name:		Relationship to participant:
Contact number (Mobile)		(Home)
Please note that 2nd Contact number will only be used if the Primary Contact numbers cannot be reached		2 nd Contact Name:
Contact number (Mobile)		Relationship to participant:
Medical/Health Information		
Does your child have any medical condition or allergies that we need to be aware of?		No <input type="checkbox"/> Yes <input type="checkbox"/>
<i>If "yes", please specify the condition and include any medicine that they are taking, or any other information relevant to your child and their condition.</i>		
Please specify here:		
Within the last 3 years, has your child had any operations or broken bones?		No <input type="checkbox"/> Yes <input type="checkbox"/>
<i>If "yes", please provide details and dates of previous injuries or conditions that may affect participation.</i>		
Please specify here:		
Please note: If your child is asthmatic and has been prescribed an inhaler it is YOUR responsibility to ensure they have it with them at EVERY session. Please leave it at the Gymnasts registration desk and it will be returned at the end of the session. No inhaler – no participation!		
Additional Needs		
Please provide any other information, including any disability/special needs/special educational needs that the club should be aware of which may help us to make appropriate adjustments and support your child's needs. <i>If your child's needs are complex, we may need to ask you to provide additional information.</i>		
Please specify here:		

Please turn over the page

Participation Agreement <i>(Please tick the box to confirm you agree or do not agree as applicable)</i>	
I confirm that to the best of my knowledge, my child is physically fit and healthy, and I am aware of no other information which needs to be considered in advance to ensure that they can participate safely in gymnastics activity.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
I agree for the information I have provided to be used for carrying out risk assessments and reasonable adjustments and understand that the club may contact me if they require further information.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
I can confirm that I have read the Club Safety Rules and Code of Conduct and I, together with my child, will adhere to them.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
Gymnastics and Trampolining activities have an inherent risk of injury and although the club will endeavour to minimise any risk, accidents may still happen. I acknowledge the element of risk and I am willing and happy for my child to participate.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
Photography, Filming and Promotional Activities <i>(Please tick the box to confirm you agree or do not agree as applicable)</i>	
By enrolling your child in a gymnastics class at Tooting Gymnastics Club you understand and acknowledge and that they may be videoed and/or photographed for purposes of education and development within the Club, Competitions (internal and external), Displays and the Club Website.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
I understand that if photographs or video footage of my child is required for other purposes not mentioned above e.g. local media and British Gymnastics then the Club will seek further consent.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
<i>Please note that all filming and photography of the gymnasts is strictly prohibited unless arranged in advance with the Head Coach (Mary L. Wright). This includes mobile devices e.g. mobile phones and iPads.</i>	
First Aid/Medical Treatment <i>(Please tick the box to confirm you agree or do not agree as applicable)</i>	
I agree to First Aid or emergency medical treatment which in the opinion of a first aider or of a qualified medical practitioner is necessary. I also understand that should such a situation arise, then all reasonable steps will be taken to contact the Emergency Contact that is listed above.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
I give permission for my child to be given any of the following if necessary: Plasters, Surgical Dressing, Surgical Tape, Antiseptic wash/cream/spray.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
If you “do not agree” because your child is allergic to one or more from the above, then please specify below.	
<i>Please specify:</i>	
Communication <i>(Please tick the box to confirm you agree or do not agree as applicable)</i>	
Our preferred method of communication is email and for us to keep you up to date with club news & issues, information about the club and re-enrolment, please confirm that you are happy for us to email you.	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
On occasions we may need to contact you regarding club issues e.g. the centre is closed due to an emergency or issues regarding your child e.g. they are sick during the session and may need to go home early. To ensure these communications are received promptly please confirm that you are happy for us to use your number for both text and phone. <i>Please note your number will NOT be used for Marketing or given to a third party!</i>	<input type="checkbox"/> By Text <input type="checkbox"/> By Phone
Declaration	
I confirm that to the best of my knowledge, all information provided on this form is accurate and that I will undertake to advise the club of any changes to this information.	
Signed <i>(Parent/Carer)</i>	Date