

SCHOOL AGE GYMNASTICS WAITING LIST FORM

Name of Child:		Gender:	
Age:		Date of Birth:	
Name of School and Class:			
Child home address: (if different from below)			

Please could you state any gymnastics experience your child may have had:

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The following information must be completed by the child's parent/guardian:

Title		Name:		Date of Birth:	
Relationship to Child:					
Home Address:					
				Postcode:	
Tel (Home):		Work:		Mobile:	
Email: (essential)					

Emergency Contact:

Name & Relationship :		Tel:	
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Please list below any **medical conditions/disabilities**, which your child has, that we should be aware of:

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- If yes, we may contact you on the telephone number given on this form to discuss any additional support needs your child may have.

Data Protection: We will maintain your details securely in accordance with the Data Protection Act.

Declaration

I hereby declare that I have completed the above information to the best of my knowledge and that all information is accurate at the time of completion.

Sign _____ Date _____

Staff Use only: Staff Name _____
Membership / Scuba Number _____

Date received _____