

After School Club Registration Form - Gymnastics

Personal Details

First Name		Last Name			
Address					Post Code
Daytime Telephone			Evening Telephone		
Mobile Telephone			Date of Birth	Class and Year	
(Please circle one)	Male	Female	School Attended		

Emergency Contact Details

Name 1		Relationship to child		Telephone Number	
Name 2		Relationship to child		Telephone Number	

Medical Information / Behaviour / Disability

(This information will only be used to make the activity a positive experience for all). Please outline details of any medical conditions, disabilities OR behavioural issues that that may require additional staffing. Please include information of all allergies.

Consent

General Consent (tick as appropriate)	Yes	No
I consent to my child having his/her picture taken for promotional/website purposes		
I consent to video recordings being made of my child for promotional/monitoring purposes		
I consent to members of the local press being invited to take pictures of my child		
In the event of an accident, that any medical treatment and anaesthetic may be used, if necessary, by the medical authorities present		

Can you please confirm if your child will be collected after the activity or is allowed to walk home?

Please tick the applicable box and return to school before the club start date

(Student name) _____ will be collected

(Student name) _____ is allowed to walk home

If your child is collected please write down who will be picking them up _____

Signed: _____

Date: _____

Name: _____

Relationship _____

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