

# TAMAR GYMNASTICS CLUB

Please write in **BLOCK** capitals

JOINING DATE.....

CHILD'S NAME.....DATE OF BIRTH.....

ADDRESS.....

HOME TEL.....MOBILE.....

DOCTOR.....TEL.....

## Medical details:

Does your child have any medical problems of which we should be aware?.....

Does your child have any allergies?.....

Details of any previous gymnastics experience.....

Parents Occupation: Mother.....Father.....

## Physical contact:

On N.S.P.C.C. and Gymnastic Association advice, we are required to inform you that there are aspects of our coaching which require a hands-on technique. This type of physical contact between coach and gymnast will only be used where:

- It is essential to support the gymnast during the early stages of learning a skill.
- To develop new and more advanced skills and techniques.
- To correct position and posture of body.
- To prevent injury.
- To treat an injury (only by those qualified in first-aid.)

I agree to abide by TAMAR GYMNASTIC CLUB rules:

Signed.....Parent/Guardian

In the event that I cannot be contacted, I give permission to administer or obtain any emergency treatment required by the child:

Signed.....Parent/Guardian

I give permission for my child to be in photographs that may be taken on occasion by the club:

Signed.....Parent/Guardian

I give permission for my child to be videoed by the coaches for the purposes of training:

Signed.....Parent/Guardian

**All coaches and helpers are C.R.B. checked.**