

NAME		VENUE	CVC
DOB		CLASS TIME	
ADDRESS		BG NUMBER	
PHONE			
CONTACT EMAIL			
EMERGENCY CONTACT 1 NAME		PHONE	
EMERGENCY CONTACT 2 NAME		PHONE	
<p>PLEASE MAKE US AWARE IF THERE IS ANYONE WHO DOES NOT HAVE PERMISSION TO PICK YOUR CHILD UP FROM GYMNASTICS</p>			
MEDICAL INFORMATION			
RELIGIOUS/CULTURAL NEEDS			
PERMISSIONS	TICK		
Take part in gymnastics activities			
Photographed for internet/ social media			
Filmed in sessions for coaching purposes			
Leave the gym session on their own			
Given emergency first aid			
DECLARATION	<p>I understand that gymnastics is a physical sport and bumps,bruises,scrapes and muscle ache are a normal consequence of training .I understand that gymnastics sometimes require coaches or fellow gymnasts to physically support gymnasts , this will be done in accordance with BG safeguarding and coaching guidelines.I understand that all policies,certification and insurances are available to view in the club manual .</p>		
DATE			
SIGN BELOW			