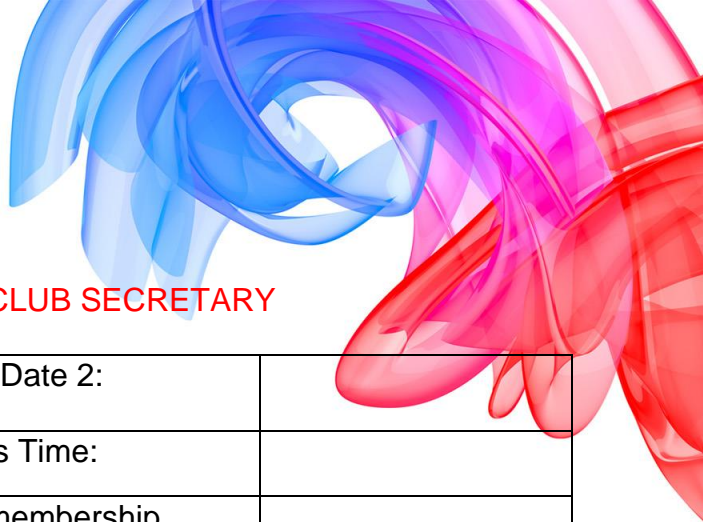


Please complete in BLOCK CAPITALS

Gymnast Full Name:			
Address: (including post code)			
Date of Birth:			
Home Tel No:			
Emergency Contact 1 Name:		Tel No:	
Emergency Contact 2 Name:		Tel No:	
Primary Email Address			
Secondary Email Address			
GP Name:		GP Tel No:	
GP Address:			
Previous experience / BAGA badges attained			
Previous injuries (please use overleaf if necessary)			
Allergies/Disabilities (please use overleaf if necessary)			
Additional needs (anything we need to be aware of)			
Preferred training days (class details are on our website)			
Please read the statements below and tick to confirm your understanding			Please tick
I understand that WGA Club membership must be paid if we decide to continue with regular classes following any taster sessions			<input type="checkbox"/>
I understand that I must register and apply for BG Membership in addition to WGA Club membership <u>before</u> regular training can begin			<input type="checkbox"/>
I hereby give consent for my child to appear on the Worcestershire Gymnastics Academy website, and/or in any marketing material the club may use to promote itself.			Yes/No
I hereby give consent for Coaches and/or Volunteers at Worcestershire Gymnastics Academy to administer first aid and plasters if necessary to my child.			Yes/No
By signing below you agree to Worcestershire Gymnastics Academies policies and procedures as laid out in the club Privacy Notice and Handbook (located in the gym and on our club website)			
Parent Carer Name:			
Parent/Carer Signature:		Date:	



SECTIONS BELOW TO BE COMPLETED BY CLUB SECRETARY

Trial Date 1:		Trial Date 2:	
Class day:		Class Time:	
WGA Club membership paid:		BG membership number:	