



Gemini Gymnastic Club Ltd, Unit 6, Blackfriars Road, Nailsea, BS48 4DJ. www.geminigymclub.com.

Office use:

Pre-school.....Trampoline.....

FreeG Mon 6.00-7.00 / 6.30-7.30pm / 7.00-8.00. Thurs 7.00-8.00

Aquamarine - Rec /Yr 1 4-5pm / Sat 9-10.....

Emerald - Year 2 / 3 5-6pm / sat 10-11

Sapphire - Year 4 / 5 6-7pm or 11-12 sat.....

Ruby Year 6+ 7-8pm / Sat 11-12 or 2 hour.....

Topaz Year 7+ 6-8pm or 2 hour any night

REGISTRATION FORM

Please complete all sections IN BLOCK CAPITALS.

CHILD'S NAME.....

Address

.....**Post code**.....

CHILD'S DATE OF BIRTH.....

Contact Number

Emergency Contact Person.....

Emergency Telephone Number

E-mail address.....

Does your child have an impairment / disability? Yes / No

Please give details:

Medical conditions that coaches/support staff should be aware of e.g. epilepsy, asthma, rodged back, detached retina, autism, Down's Syndrome.

Please tell us how these are managed, and if they will have medication with them where will it be?

If your child has Down's Syndrome have you been screened for Atlanto Axial Instability?

Yes / No

Have there been any recent injuries or treatment / rehabilitation?

Please list any medications including dosage and frequency and what they are prescribed for:

Please list any allergies and how they affect you:

Are there any behavioural difficulties that the coaches / support staff should be aware of?
If so, please tell us how they can support you i.e. are there any triggers that they need to know about?

Please list anything else you think the coaches / support staff may need to know so that we can ensure you have a good and positive experience in the session i.e. do you use a wheelchair; do you communicate using sign language?

Please note that coaches are unable and unqualified to assist with toileting and personal care matters.

Consent from Parent / Guardian (if under 18 years of age):

My child is in good health and I consider him/her capable of taking part in Gymnastics / Disability Gymnastics. I have completed the medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that while the coaches will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

In accordance with the Data Protection Act 1989, the information declared within this form in the above questions will be held by Gemini Gym Club and used to supply information to you.

Signed.....
Parent / Guardian Name (**please print**).....
(Must be a person with legal parental responsibility).

PHOTOGRAPHY/VIDEO.

On occasions photographs/videos may be taken of gymnasts during sessions, and may be put onto the Club Website. Please advise if you **DO NOT** wish your child to be included in these.

I do not want my child (name)..... Session attended.....to be included in anything published on the Club Website. Signed.....

Please could you advise how you heard about us:-

- Internet.
- Advertisement – where?
- Recommendation.
- After attending a gym birthday party.
- Other (please state).....

I would like to order the Gemini training leotard @ £30.00 (money enclosed)

Size: Age 6, 8, 10, 12, 14