



BASINGSTOKE GYMNASTIC CLUB

The Active Life Centre, Stephenson Road,
Houndmills, Basingstoke, Hants, RG21 6XR
Tel: 01256 352858 Fax: 01256 346405
Website: www.basingstokegym.co.uk

MEMBERSHIP AND REGISTRATION FORM 2009 (1 per member)

PERSONAL DETAILS OF MEMBER

Surname _____ Forename(s) _____

Date of Birth: _____ Male/Female _____

Address: _____

_____ Postcode _____

Home Tel No: _____ Mobile No: _____

Email Address: _____

Ethnic Origin: _____

Emergency Contact Numbers:

1. Name: _____ Relationship to Child _____ No: _____

2. Name: _____ Relationship to Child _____ No: _____

Medical Conditions:

1. I can confirm that I am physically fit and healthy to participate:

2. Do you have a special need or medical condition:

3. Do you take any medication:

If you have answered Yes to Question 2 or 3 above, please fill out Medical Information Form on the reverse

Photos/Video

On occasions we may take photo/video of the children in the gym and place them on our website, noticeboards or for promotional information. Please tick the box if you **DO NOT** want us to take photos/video of your child

Participation Agreement

Gymnastics and Trampolining activities have an inherent risk of injury and although the club will endeavour to minimise any risk, accidents may still happen. It is incumbent on all members to abide by the safety rules and codes of conduct at all times. The participant/parent are required to ensure that the member is physically fit and healthy to participate and will adhere to the safety rules and code of conduct. I confirm that I have seen and accept the policies of Basingstoke Gymnastic Club.

Jewellery/Body Piercing Agreement

I/We agree to take full responsibility for any piercings to be removed.

Name of Parent/Guardian _____

Signed _____ Date _____

Where did you hear about us? _____

Class _____ Day _____ Time _____



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MEDICAL FORM (1 per member)

Name: _____

Name/Terminology for Special Need/Medical Condition i.e Dyspraxia, ADHD etc

Brief Description of Symptoms

Impact the condition may have during the child's Gymnastic Class

Does your Child need any medication taken into the gym i.e Inhaler

Any Medication needs to be handed to the coach at the beginning of the class AND collected after the class. Also please make sure it is clearly labelled.

If YES, please give type of medication and confirm that your Child knows what to do in the event of needing to use it **

** Please note we are unable to administer "EPI" pens or the like.