

Membership Form 2022 - 23

Gymnasts Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Postcode: _____

Telephone Number: _____

Mobile Number: _____

E-mail Address: _____

*****(important this is provided accurately as most club communication will be done this way)*****

Emergency Contact Details:

Emergency Contact 1 – Name / Relationship _____

Emergency Contact 1 – Number _____

Emergency Contact 2 – Name / Relationship _____

Emergency Contact 2 – Number _____

Please provide details of any **pre-existing medical conditions** that may affect your child's participation in gymnastics:

Details of any medical conditions we should be aware of _____

Details of any medication or treatment required _____

Details of any **existing injuries** (include when injury occurred and the treatment received)

Details of any **allergies**, including allergies to medication:

Please speak to one of our coaches if you wish to provide further detail that may assist us in providing the best experience for your child.

Parent/Guardian/Legal Carer Declaration:

1. I _____ consent to _____ receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.
2. I undertake to inform Kirkcaldy Gymnastics Club should any of the information contained in this form change.
3. I have received copies of and read the club rules / codes of conduct for all Gymnasts & Parents / Guardians.
4. I agree that myself and my child will abide by the club rules and codes of conduct.
5. I agree that my child may be photographed during gymnastics activities. These photos may be used on the club website and facebook page.

PLEASE TICK THIS BOX IF YOU WOULD LIKE TO OPT OUT OF PHOTOS

Parent Name (please print): _____

Signed: _____

Date: _____