

<i>Office use only</i>	<i>Please circle which discipline</i>	RECREATIONAL	SQUAD	PRESCHOOL
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PERSONAL AND CONTACT DETAILS

MEMBER SURNAME																						
MEMBER FORENAME																						
ADDRESS																						
POST CODE														DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
Sex: Male / Female (please circle)																						
CONTACT HOME NUMBER																						
MOBILE NUMBER																						
EMAIL ADDRESS																						
EMERGENCY CONTACT NAME																						
EMERGENCY TELEPHONE																						
RELATIONSHIP TO MEMBER																						

School / College Attended:.....

MEDICAL HEALTH INFORMATION

Please give details of any medical condition or health needs that the club should be aware of: *(use overleaf if needed)*

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Please give details of any allergies:.....

Please give details of any special dietary requirements:.....

GP Name:..... GP Tel:.....

PARENTAL / GUARDIAN CONSENT

I confirm that my child is physically fit and healthy and I will undertake to advise you of any change. I consider him / her capable of taking part in gymnastics /Free G. I have completed the section on medical details and give consent that in the event of any illness/ accidents the necessary first aid treatment can be administered. In signing this agreement I declare that I am aware of the element of risk involved and while I accept that the coaches and event personnel will take precautions to prevent accidents, I understand that participants must purchase insurance through the club, and without insurance the member will not be permitted to participate. I understand that our insurance is the prime carrier in case of injury or accident involving my son/daughter during any cheerleading activity. We agree to and by the signing of this agreement, release the advisors, coaches, volunteers, and staff Valleys GA from any claim of negligence by ourselves, our son/daughter, our heirs, executors, and assigns for any liability arising from claims from damages for injury to our son/daughter and any claims for loss or damage to his/her property which may arise out of his/her participation in Valleys GA. I am aware that all classes are payable even if the member does not attend a class through illness or holidays. I am aware that photographs and video footage may be taken during the event for coaching and promotional purposes.

I DO / DO NOT consent for my child to appear in photographs
(please delete as appropriate)

Parent/ Guardian Name:.....

Parent / Guardian Signature:..... **Date:**.....