



E-mail Address: [broxburngymnasticsclub@yahoo.co.uk](mailto:broxburngymnasticsclub@yahoo.co.uk)

Website: [www.broxburngymnastics.com](http://www.broxburngymnastics.com)

**Membership Form (Sep 2016 – Aug 2017)**  
**TO BE COMPLETED ANNUALLY BY ALL MEMBERS & GYMNASTS**

**Member Details** (If under 16 contact details must be that of a parent or guardian)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ School Year Group: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you / your child currently attend another gymnastics club?: YES / NO  
If Yes please give details: \_\_\_\_\_

Do you / your child have a British Gymnastics membership Number?: YES / NO  
If yes please give details: \_\_\_\_\_

**Contact Details**

**Parent / Guardian 1 (If under 16)**

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No : \_\_\_\_\_

**Parent / Guardian 2 (If under 16)**

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No : \_\_\_\_\_

**Emergency Contact 1**

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No : \_\_\_\_\_

**Emergency Contact 2**

Contact Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No : \_\_\_\_\_

### Medical / Health Information

To ensure your / your child's safety please advise us of any relevant illness, medication, injury's and or special needs:

---

---

Asthma or respiratory problems	Y / N	Doctor:
Circulatory or Heart problems	Y / N	Practice:
Diabetes	Y / N	
Allergies	Y / N	Phone:
Other	Y / N	

Please note, where information is disclosed, it may be necessary to seek expert medical advice to ensure that participation in gymnastics will not have an adverse impact on health. Any medical screening requested by the club must be carried out prior to participation in the sport. Please speak to a coach for more information.

Please also note where medication may need to be administered to treat conditions this must be present each session for the child to participate e.g. Asthmatics must have an inhaler every session.

### Consent

To be completed by the gymnast if aged 16+ or otherwise the parent / guardian on the gymnasts behalf. Please tick each box where you agree, or delete the statement if you do not consent,

<b>Medical</b>
<input type="checkbox"/> I consent to any emergency medical treatment or first aid which is considered necessary in the opinion of a qualified medical practitioner or first aider. I also understand that should such a situation arise, all reasonable steps will be taken to contact the parents/guardians or alternative emergency contacts.
<input type="checkbox"/> I do consent to blood transfusion <input type="checkbox"/> I do not consent to blood transfusion

I take responsibility for collecting my child / my child will make their own way home

I do / do not allow my self / my child to be photographed

I have read and understood Broxburn Gymnastic Club code of conducts / policies and will adhere to these to the best of my abilities.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Child Signature : \_\_\_\_\_

Date: \_\_\_\_\_