

Application for Membership

Name		M/F	Date of Birth	
Address			Post Code	
			Home Phone	

Name of Parent/Guardian	Mr/Mrs/Ms		
Additional contact information	Mobile		Work No.
	Email		
Emergency Contact	Name		
Phone No.		Mobile	

MEDICAL DETAILS			
I can confirm that I am physically fit and healthy to participate. Yes / No			
Do you consider your child to have a disability? Yes / No (if yes please give details below)			
To ensure your child's safety please advise us of any relevant illness, medication injury, and/or Special needs:			
Asthma or respiratory problems	Y/N	Doctor	
Circulatory or Heart problems	Y/N	Address	
Diabetes	Y/N		
Allergies	Y/N		
Other	Y/N	Phone	

CONSENT FOR MEDICAL TREATMENT	
I give permission to the coach in charge to consent, on my behalf, to any medical treatment deemed necessary (including the administration of general anaesthetic and blood transfusion).	
Signed	Date

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/parents are required to ensure that the member is physically fit and healthy to participate, particularly after illness or injury.

In signing this participation agreement I declare that I understand the element of risk and I am willing to permit my child to participate and will adhere to the safety rules and code of conduct.

Name of Parent/Guardian: _____

Signed: _____ Date: _____

P.T.O.

FOR OFFICE USE ONLY

Date Rec.		Try-it Date		Class Ref	
Invoiced		Amount		Database	
Paid				BG	
Notes				Handbook	

In order to help our club monitor its membership please tick one of the boxes to identify your ethnic group:

- Bangladeshi Black African Black Caribbean Black Other
 Chinese Indian Pakistani Asian Other
 White British White European White non European Other

How did you hear about Pegasus Gymnastics Club? Please Tick

Internet		Downsmail	
Yellow Pages		Kent Messenger	
Recommendation		School/Playgroup	
Sibling attends		Display/Competition	
Leaflet		Other (Please Specify)	

Preferred Day and Time of Class _____

PHOTO PERMISSION

I **do / do not** give permission for my child to be photographed for club purposes including press releases publicity and fund-raising.
 (Please delete as appropriate)

Name of Parent/Guardian: _____

Signed: _____ Date: _____

MEMBERSHIP AGREEMENT

I, being the parent/guardian of _____ agree to him/her becoming a member of Pegasus Gymnastics Club. I understand that : Annual Club & British Gymnastics memberships are payable on joining and each subsequent September & that all fees are payable in advance. <u>Also that one half terms written notice of intention to leave is required.</u> <u>Where written notice is not given half a terms fees in lieu of notice will be charged.</u>			
I agree to abide by, and ensure my child adheres to Club Codes of Conduct and Guidelines. These details may be stored on a computer for the purposes of Club records only.			
Signed		Date	

Return to:

Pegasus Gymnastics Club, Crismill Lane, Bearsted, Maidstone, Kent ME14 4NT

Telephone No. for enquiries: 01622 737170

Email: info@pegasusgc.org

Website: www.pegasusgc.org