



Registration Form Sep 2009-Aug 2010

BG membership for this current year paid BG number _____
 If registered with another BG club, write name of the club currently registered with _____

REGISTRATION AND CONSENT FORM	
PERSONAL AND CONTACT DETAILS	
Gymnast's name:	Date of birth:
Club: Severn Trampoline Club	Discipline(s): Trampoline and DMT
Home Address	-----
Postcode:	E-mail
Contact Tel (home):	(mobile):
Emergency Contact Name:	-----
Relationship to Gymnast	-----
Emergency Contact Tel No	(mobile):
School Name:	Address:
-----	-----

MEDICAL/HEALTH INFORMATION
Please give details of any medical condition or health needs that the club should be aware of*: ----- -----
Please give details of any allergies: -----
Doctor's Name: Contact Tel:
Please give details of any specific dietary requirements: ----- -----
* Please supply any additional information on conditions that may require extra consideration by staff. It may be necessary to seek medical advice to confirm that participation in gymnastics activity will not have a negative impact on health. Medical information will be sought and where necessary any screening carried out prior to participation in the sport.

RELIGIOUS NEEDS
Please specify any specific religious requirements: ----- -----

EQUALITY POLICY – DIVERSITY MONITORING

British Gymnastics is committed to promoting and developing equality, which is about fairness and equality of access. In order to develop our equality policy it is essential to monitor participants. This information will allow us to develop our equality action plans at the grassroots of the sport.

1. What is your sex? Male? Female?

2. What is your ethnic group? (Choose one section from A - E and then tick the appropriate box)

A. WHITE

British

Irish

Other

Please specify

B. MIXED

White & Black Caribbean

White & Black African

White & Asian

Other

Please specify

C. ASIAN OR ASIAN BRITISH

Indian

Pakistani

Bangladeshi

Other

Please specify

D. BLACK OR BLACK BRITISH

Caribbean

African

E. CHINESE OR OTHER ETHNIC GROUPS

Chinese

Other

Please specify

The Disability Discriminations Act 1995 defines a disabled person as anyone with a "physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities".

3. Do you consider yourself to have a disability? Yes No

If yes, what is the nature of the disability?

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disability

Other

Please specify

PARENTAL CONSENT

I confirm 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. I have completed the section on medical details and give consent that in the event of any illness/accident any necessary treatment can be administered. If surgery is necessary this may include the use of anaesthetics. I confirm that I have read through the **Severn Trampoline Club's Code of Conduct and Safety Rules** with my child and we understand and agree to abide by the rules.

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 they may not be held responsible for loss, damage, or injury to my child.

I confirm that my child is a current member of British Gymnastics.

I am aware that photographs and video footage may be taken during the event for coaching and promotional purposes. I do / do not consent (please delete as appropriate) for my son/daughter to appear in photographs. I understand that no personal information will be displayed with the image.

Parent/Guardian Name

Signed (Parent/Guardian)

Date

All information will be kept strictly in compliance with the Data Protection Act 1994 and 1998.

Please return this form to: Tabitha Tallerine

Club Name: Severn Trampoline Club