



Horsham Gymnastics Centre

Membership Registration Form

All new members must complete this Registration Form, and return to the Gym or post to the address at the bottom of this form.

NAME OF CHILD:.....

DATE OF BIRTH:.....GENDER:.....

NAME OF PARENT/GUARDIAN.....

ADDRESS.....

.....POST CODE.....

EMERGENCY CONTACT TELEPHONE NUMBER WHEN CHILD IS IN THE GYM:

1. HOME..... 2. OTHER:.....

Other information that your child's Coach should be aware of (Allergy, Medication, etc.)

Please sign below to confirm your agreement to the following:-

1. It is acknowledged that whilst participating in gymnastic activities there is always a risk of accident or injury. I hereby authorise you to take any appropriate action in such event; i.e. First Aid, Ambulance, or Hospital Treatment.
2. I have read the HGC Club Rules & Codes of Conduct, a copy of which has been made available to me, and agree to comply with them.

SIGNATURE OF PARENT OR GUARDIAN.....DATE.....

Data Protection

In order to comply with the Data Protection Act, we require your approval to transfer the information above onto our computer, which will be used for internal administration only and will not be shared or divulged to any other outside party or organisation. Please sign below to confirm your acceptance.

SIGNATURE OF PARENT OR GUARDIAN.....DATE.....