



REGISTRATION

GYMNAST INFORMATION

Name: _____ Surname: _____

DOB: _____ Male / Female: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Surname: _____

Relation to gymnast: _____

Tel No. (home): _____ Mobile No.: _____

Address: _____

Email: _____

2nd CONTACT INFORMATION (In case of emergency)

Name: _____ Surname: _____

Relation to gymnast: _____

Tel No. (home): _____ Mobile No.: _____

MEDICAL INFORMATION

Please inform us of any medical condition and/or allergies the club should be aware of:

GP's Name: _____ Practice: _____

Practice address: _____

Tel No.: _____

I hereby give permission / do not give permission (please delete as appropriate) for the above gymnast to be photographed by a club approved photographer for Chorley Gymnastics Club's promotional material i.e. leaflets, display boards, website and other related marketing material.

Signed (Parent/Guardian): _____ Date: _____