



Weald of Kent Gym Club

Membership form 2018

(Please fill in legibly)

Child's Name..... Date of birth

Address..... Home Tel No.....

..... School attended.....

..... Doctor.....

Postcode..... Surgery name.....

Date first joined club..... Doctor's Tel. no.....

Any other relevant information i.e.: Asthma, allergies, disabilities.

Previous or current gym clubs and gym experience: (inc. School gym clubs & Leisure Centres)

Is the above gymnast already a British Gymnastics Association member? Yes / No..
If yes - BG membership number:.....

Note: We are a British Gymnastics Association registered club so the club membership fee (£14 for gymnasts training up to 4 hours/week in 2017/18) needs to be paid as soon as your child joins the club, and British Gymnastics Association membership needs to be completed on the BG website. See poster at the gym.

The Weald of Kent Gym Club is affiliated to the British Gymnastics Association, the South-East Region and Kent Gymnastic Associations.

We need to be able to contact you in any emergency so please give us some alternative details and say who they are:

Parent or Guardians Names:.....

E-mail addresses

(please make these clear as they will be used to contact you).....

Alternative telephone No's or E-mails.....

or other responsible persons contact details.....

I/we wish club Coaches and Officials to act 'in loco parentis' for the above gymnast and give my/our permission for them to authorise any urgent medical treatment that might be necessary during gym training sessions, competitions or outings. They would undertake to contact me/us on the above telephone numbers as quickly as possible in the event of any accident or emergency.

I/we understand that Coaches and helpers at any club session, competition, outing or function organised by the club, cannot be held personally liable for any accidents, mishaps or loss of property.

I/we give permission for the club to occasionally video or photograph my child and use the photos for promotion of the club.

I/We also give permission for our child's details to be included in membership records held on a computer database and understand we can request to see the records relating to our child.

I/We agree to pay the current monthly fee in the 1st week of each month for the sessions that our child is booked to attend and to keep paying their fees until we will give 1 full months notice in writing to wealdgym@gmail.com that our child wishes to leave the club.

Signed..... Date.....
please delete any clauses you are not happy to sign for.



For Club use Taster day..... No.....

Class times recommended..... Accepted date

Changes.....

Entered on Club database..... By..... on

Entered on Register..... By..... on.....

BG Membership Paid-.....2017/18.....-..... 2018/19...-.....

BG Membership No..... Date left club.....

Reason for leaving club.....