



**Byfleet  
Gymnastics  
Club**



Wendyhouse  
Pre-School  
Gym

4 Circle Gardens,  
Byfleet  
Surrey  
KT14 7RH  
Tel: 01483 850846  
mail@byfleetgymclub.co.uk

## **REGISTRATION FORM**

Child's name \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ Mobile \_\_\_\_\_

Alternative contact number during lesson time \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_

Date of birth \_\_\_\_\_

Class \_\_\_\_\_ Day & time \_\_\_\_\_

Medical conditions/regular medicine \_\_\_\_\_

Side affects \_\_\_\_\_

Food allergies \_\_\_\_\_

Any broken bones etc in the past \_\_\_\_\_

**Please inform staff if your child has had a knock on the head prior to his/her class.**

Parents are reminded that although we take every step to ensure the safety of the gymnasts, every sporting activity carries with it a small risk of injury. In such and event we cannot be held liable unless negligence is proven.

In the event of an accident, I give permission for the above named child to receive emergency medical attention.

Name \_\_\_\_\_

Signed \_\_\_\_\_ (parent/guardian)

Date \_\_\_\_\_