

Official use only:

WORKSHOP:

DAY:

FEES:

Enrolment Date: _____



REGISTRATION FORM

We are pleased to welcome you to Nicky's WorkShop. Please complete the form in capitals & return before the enrolment day.

Members' Details:

Male ☐

Female ☐

Members First Name: _____

Members Surname: _____

Date of Birth (dd/mm/yy): _____

Mother's Name: _____

Father's Name: _____

Address: _____

Postcode: _____

Home Telephone: _____

Mum Mobile: _____

Dad Mobile: _____

Email: _____

Who to contact in an emergency: _____

Tel No: _____

I can confirm that the member named above is physically fit and healthy to participate (please tick)

☐

Do you consider the participant to have a disability?

Yes

☐

Please state the nature of the disability: _____

No

☐

Please state any medical condition that the coaches may need to be aware of:

If there is any other information that you feel would assist us in the coaching of you or your child please let us know.
All matters will be dealt with in the strictest confidence.

B: PARTICIPATION AGREEMENT

Gymnastics activities have an inherent risk of injury and although Nicky's WorkShop will endeavour to minimise any risk, but accidents may still happen. The participant/parents are required to ensure that the member is physically fit and healthy to participate, particularly after illness or injury.

In signing this participation agreement I declare that I understand the element of risk and I am willing to participate and listen to my coaches.

In signing this I agree with Nicky's WorkShop COVID 19 regulations and risk assessments

In signing this I agree with Nicky's WorkShop Code of conduct and procedures during training.

In signing this I agree with outside training guidelines and training my child's basic skills.

Name of Parent/Guardian if member is under 18 years old

Signed: _____

Date: _____