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| **Beccles Royales Gymnastics Club**  |
| **Taster Session - Booking form** |

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| Taster Sessions are normally held during the last week of the month |
| To book a free Taster Session, please check the session plan on the website |
| Preferred Day |

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| Name of Child: |  |
| Date of Birth: |  |
| Male / Female |  |
| Parent Name: |  |
| E-mail Address: |  |
| Contact Number: |  |

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| Previous Gymnastic Experience |
| **YES / NO** If "yes" please detail below, how many years / what standard / level achieved; |

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| Any allergies / medical or learning disabilities that the club needs to be aware of? |
| **YES / NO If "yes" please detail below;** |

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| I confirm my child is physically fit and healthy and capable of taking part in gymnastics |
| **YES / NO** |

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| I have completed the medical details above and consent to any necessary treatment beingadministered by a qualified first aider in the event of illness / accident |
| **YES / NO** |

In signing this agreement, I am aware of the element of risk involved in gymnastics and while I accept that the coaches and club personnel will take precautions to prevent accidents, I understand that they may not be held responsible for loss, damage or injury to my child

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| Signature: |  |
| Date: |  |