

Beccles Royales Gymnastics Club

Taster Session - Booking form

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:	

Previous Gymnastic Experience

YES / NO If "yes" please detail below, how many years / what standard / level achieved;

Any allergies / medical or learning disabilities that the club needs to be aware of?

YES / NO If "yes" please detail below;

I confirm my child is physically fit and healthy and capable of taking part in gymnastics

YES / NO

I have completed the medical details above and consent to any necessary treatment being administered 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

Signature:	
Date:	