



## REGISTRATION AND PARTICIPATION AGREEMENT

We welcome you to our club and would be grateful if you would complete the details below. If you are under 16 years of age, please ask your parent or guardian to sign on your behalf.

Club Location: LUTTERWORTH / MARKET HARBOROUGH (Please delete as appropriate)

Personal Details of Member Male  Female

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Who to contact in an emergency: \_\_\_\_\_ Tel No: \_\_\_\_\_

I can confirm that I am physically fit and healthy to participate.

Do you consider yourself to have a disability? Yes  No

If "yes" please state the nature of the disability:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PARTICIPATION AGREEMENT

Gymnastics activities have an inherent risk of injury and although the club will endeavour to minimise any risk, accidents may still happen. It is incumbent on all members to abide by the safety rules and codes of conduct at all times. 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 will adhere to the safety rules and code of conduct.

Name of Parent/Guardian: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_