

# CORBY TRAMPOLINE CLUB MEMBER REGISTRATION FORM



## PERSONAL AND CONTACT DETAILS

Member's name ..... Date of birth.....

Session times .....

Address.....

.....

..... Postcode.....

Contact no. 1 (home).....(mobile).....

Contact no. 2 (home).....(mobile).....

Other Emergency Contact .....

Contact no. (home).....(mobile).....

Email address for session and news updates .....

Please circle above the mobile number you would prefer to be contacted on for session and news updates

Name of Coach .....

School..... Address.....

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## MEDICAL/HEALTH INFORMATION

Please give details of any medical condition, allergy or health needs that the club should be aware of (including medicines that may be needed during a session – e.g. salbutamol inhaler)  
Please supply any additional information on conditions that may require extra consideration by staff (e.g. recently broken bone). It may be necessary to seek medical advice to confirm that participation in trampoline gymnastics activity will not have a negative impact on health.

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Doctor's Name..... Contact Number.....

Please give details of any specific dietary requirements.....

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The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

Do you consider the participant to have a disability? **Yes/ No\***

**Visual impairment / Hearing impairment / Physical disability / Learning disability / Multiple disability\***

Other Please specify.....

\* Delete those that do not apply

**RELIGIOUS NEEDS**

Please specify any specific religious requirements.....  
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**EQUITY MONITORING**

British Gymnastics is committed to promoting and developing equity, which is about fairness and equality of access. In order to develop our equity policy it is essential to monitor participants. This information will allow BG to develop an equity action plan at the grassroots of the sport.

What is your sex? **Male Female\***

What is your ethnic group?

**A. WHITE** - British /Irish\*

**B. MIXED** - White and Black Caribbean/White and Black African/White and Asian\*

**C. ASIAN or ASIAN BRITISH** – Indian/Pakistani/Bangladeshi\*

**D. BLACK or BLACK BRITISH** – Caribbean/African\*

**E. CHINESE OR OTHER ETHNIC GROUP** - Chinese

Other Please specify.....

\* Delete those that do not apply

**PARENTAL CONSENT – Please read and complete all parts of this box**

- I confirm my child is physically fit and healthy and I will undertake to advise you of any change.
- I consider him/her capable of taking part in Trampoline Gymnastics.
- I have completed the section on medical details and give consent that in the event of any illness/accident any necessary treatment can be administered. If surgery is necessary this may include the use of anaesthetics.
- I confirm that I have read through the participant’s code of conduct with my child and they understand and agree to abide by the rules.
- I confirm that I have read through the parents’s code of conduct and I agree to abide by those rules

In signing this agreement I declare that:

- I am aware of the element of risk involved and while I accept that the coaches and event personnel will take precautions to prevent accidents; I understand that they may not be held responsible for loss, damage or injury to my child.
- I confirm that my child will become a member of British Gymnastics and will pay the required annual membership fee at the required time (and on or before 1<sup>st</sup> October each year thereafter).
- I am aware that photographs and video footage may be taken during the event for coaching and promotional purpose.

**I do/do not consent** \* for my son /daughter to appear in photographs that maybe used for promotional activities.

**I consent to my child leaving the hall to visit the toilets with an adult\*** or **I consent to my child leaving the hall to visit the toilets on their own\***

**I will collect my child from the Hall\*** or **I consent to my child leaving the hall without an adult at the end of session and acknowledge that responsibility for my child no longer rests with the club once he/she has left the hall\***

Parent/Guardian Name.....

Signed (Parent/Guardian)..... Date.....

\* Delete those that do not apply

**HELPERS AND VOLUNTEERS**

**A.**

Our Club always needs willing volunteers to help with the day to day running of the club and with occasional activities including competitions and fund raising

Day to day running of the club could involve – setting up and putting away equipment, Child Welfare, Membership, Fund Raising, Public Relations, Newsletters, Assistant coaching, warm up and cool down, judging

Any formal training/CRB check would be funded by the club and other informal traing/guidance will be given

If you would be willing to become a Committee Member/Volunteer and help with the day to day running of the club please indicate below by giving us your name and contact number and what area interests you

Name.....

Contact Number.....

I am interested in .....

**B.**

If you are prepared to help on occasion with fund raisers, competitions, etc. please indicate by giving your name and contact number below (no need to complete below if you have completed part A of this section)

Name.....

Contact Number.....

**SPONSORSHIP**

We are looking for a local firm to sponsor our club to give financial support. In return we would arrange for their logo to be added to new club T-shirts and maybe track suits for competitions. We would include the company name or logo in all published literature and would ensure the sponsor is recognised in the programmes for club competitions. The company name and logo would also appear on our website (when set up) and and include a link to the company website. Sponsorship could be a one off for a particular event or a commitment on a yearly basis If you; the company you work for or you know of a company looking to (or would consider) sponsor a local sports club please provide company and contact details below

Company Name.....

Company Contact Name.....

Contact Email Address.....

Contact Tel No .....

Company Address.....

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