



Gymnast Information Form

Sept 2020 – Aug 2021

1st: Please select your class

PreSchool Class

Mon 9.30	
Mon 10.00	
Mon 10.45	
Mon 11.15	
Wed 9.30	
Wed 10.00	
Wed 10.45	
Wed 11.15	
Fri 9.30	
Fri 10.00	

Recreational Class

Mon 3.45 – Year R	
Mon 4.00 – Years 1 & 2	
Mon 4.15 – Years 3 – 6	
Tues 3.45 – Year R	
Tues 4.00 – Years 1 & 2	
Tues 4.15 – Years 3 – 6	
Wed 3.45 – Year R	
Wed 4.00 – Years 1 & 2	
Thur 3.45 – Years 1 & 2	
Thur 4.00 – Years 3 – 6	
Thur 4.15 – Years 3 – 6	
Fri 3.45 – Years 1 & 2	
Fri 4.00 – Years 1 & 2	

2nd: Please complete details

Gymnast First Name		Gymnast Surname	
Gymnast Birth Date		Gymnast Gender	Female Male
Gymnast Doctor		Gymnast Surgery	
Medical Details			
Parent First Name		Parent Surname	
Parent Mobile		Parent Email	
Address Line 1			
Address Line 2			
Town		County	
Post Code			
<i>Please nominate someone that we may contact should the parent / guardian above not be available</i>			
Emergency Contact		Emergency Mobile	
<i>Andover Gym Club will only use or share this personal data for legitimate requirements including:</i> - <i>In the provision of our gymnastics services (age based classes, medical implications on training)</i> - <i>In connection with our gymnastics services (competition entry, insurance requirements)</i> - <i>In the event of a medical emergency, accident or incident</i>			
I agree to the above use of personal data		Yes	No
I agree to the Club using photo/video images for publicity		Yes	No
For under 16's - my child receiving loco parentis care		Yes	No
Signed by Parent		Dated	

3rd: Please return completed form to andovergymclub@gmail.com (using your contact email as above)