

Huntingdon Gymnastics Club—MASTER CLASS 2018

THE FOLLOWING INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE AND USED FOR ADMINISTRATION PURPOSES ONLY.

Gymnast Name	Age	Date of Birth
Parent/Carer name		
Address		
Home telephone number (inc code)		
Mobile		
If parent/carers can be contacted at work, please give telephone numbers		
Name	phone no (inc code)	
Name	phone no (inc code)	

Emergency Contact numbers		
Relative (R) or neighbour (N) that could help contact Parent/Carer quickly in case of emergency (please state relationship using the above code beside each name)		
Name	R/N	Phone No (inc code)
Name	R/N	Phone No (inc code)

Doctors name	NHS number
Surgery Address & Phone number:	
Please provide further information regarding medical conditions that may be relevant e.g Allergies, asthma, diabetes, epilepsy etc	

Huntingdon Gymnastics club will take photographs and media content for use in publicity materials during the summer camp. If you do not wish your child to be photographed please indicate by ticking this box:

In the event of an emergency every possible effort will be made to contact you. We request that you agree to allow your child to receive emergency medical treatment if the situation arises. It is important for you to understand that a doctor will decide upon such a decision. If you do not agree it will not necessarily bar your child from attention, but we would be grateful if you would discuss this matter with your head coach.

I consent to my child receiving medical treatment in the event of an emergency

Signed		Dated	
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