



Bright Stars Gym Schools - Membership Form

School.....

Child's Full Name

Child's Date of Birth/...../..... Age

Parents / Guardians Full Name

Address.....

.....Postcode.....

Telephone NumberMobile Number.....

Second Emergency contact numberName/Relationship

Email Address.....

Please list any medical conditions that we should be made aware of

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Please list any medication if needed and details of any procedures (For example an inhaler / epi-pen)

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Example: if an inhaler is needed, it will need to be named and handed into the coach at the beginning of each session.
Please be aware Gymnastics is a very physical sport. We take the utmost care and attention in trying to safeguard against any kind of injury, we have safety checks before every session starts on every piece of equipment and all our staff are trained in safeguarding and child protection as well as first aid. Your child's welfare is of the utmost importance to us. Even with these elements in place this risk can never be fully eliminated. In which case we have an emergency action plan in place where temporary first aid will be given immediately and if deemed necessary further medical help / action will be taken.

If there is anything further you wish to discuss, please do not hesitate to speak to us.
I agree and have understood the procedures that are in place if an incident does arise []

Any Previous Gymnastic Experience (Please include any badge awards/competitions etc)

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Photographs -

I understand that photographs by Bright Stars Gym Schools may be used in Publications, Print Adverts, Electronic Media including our Social Media. No names will be published. I hereby give my consent for my children's image to be used for promotional or marketing purposes only.

Agree [] Would like to opt out []

Signed.....Name.....Dated.....