



**APPLICATION FORM**

**Name** ..... **Age** ..... **D.O.B** .....

**Address** ..... **School Year (Sept)** .....

..... **Tel no** .....

**\*Email address** .....

**GP Name** \_\_\_\_\_ **Tel No** \_\_\_\_\_

**Does your child have any medical/behavioural details we should know about? Please provide details if applicable** \_\_\_\_\_

**Known Allergies** \_\_\_\_\_

**EMERGENCY CONTACT DETAILS**

**Name** ..... **Tel no** .....

**Name** ..... **Tel no** .....

**Please delete as appropriate -**

I give / do not give permission for photos of my child to be taken and used for publicity

I give / do not give Allegro permission to administer first aid to my child

**Parent/Guardian Declaration**

I give permission for the child named above to take part in gymnastics lessons. I understand that due to the nature of the sport accidents can sometimes occur and will not hold any member of staff at Allegro responsible. I agree to ensure my child arrives on time in the appropriate kit and will be collected on time at the end of the lesson. I also accept that to keep the children safe at all times the gymnasts must adhere to 'Allegro's good behaviour policy and code of conduct, and if my child behaves in a way that places any gymnast or coach in danger it is down to the club's discretion to ask them to leave.

**Signed** ..... **Date** .....

\*Unfortunately we cannot offer refunds for any sessions missed