



REGISTRATION AND PARTICIPATION AGREEMENT

Parents Name _____ D.O.B _____
Childs Name _____ D.O.B _____
Address _____

Post Code _____ Email Address _____
Home telephone Number _____ Emergency Contact Number _____

Any medical issues we need to be aware of (please speak to coaches directly about any medical/ behavioural issues/concerns or injuries that may affect or may be affected by participation in gymnastics / trampolining / freestyle/parties)

Parent/Guardian Acknowledgement of Risk:

I fully understand that Gym Juniors staff members are not doctors or medical practitioners of any kind. With the above in mind, I hereby release staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the staff to seek medical help and/or call an ambulance. You agree that you are aware that your child will be engaging in physical exercise involving gymnastics, trampolining, freestyle and parties, which could cause injury to them. The risk of harm may be limited by the safety equipment and trained coaches, but never eliminated.

You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive and discharge any claims, causes of action or rights that you or your child might incur as a result of these activities including classes, events, birthday parties, camps, school classes and Gym Juniors will not have any liability other than in relation to death or personal injury, where Gym Juniors or its staff is proved to be negligent. You will indemnify and hold harmless Gym Juniors against any claims resulting from such participation. Staff will make no evaluation or recommendation whether your child is physically fit for any physical activity. If your child has any physical condition that may impair his/her ability to engage in the activities, it is your responsibility to obtain a doctor's statement describing any limitations to participate in this program. Please inform coaches directly of any medical issues/ injuries that may affect participation and any medical condition must be fully disclosed.

You must inform Gym Juniors if there are any changes to your child's medical history.

Signed _____ (Parent / Guardian) Date _____

Data Capture:

By checking and ticking the below, I confirm my agreement:

Phone Email SMS Post

Photo Waiver:

I give Gym Juniors permission to use my and or my children's photographs on print and or video or Website for promotion/marketing & awards purposes only. **Yes No (please circle)**

To view our Privacy Policy, go to www.gymjuniors.co.uk