



Registration and Consent Form

Name	
Date of Birth	
Parent/Guardian Name + Contact Number (emergency contact 1)	
Emergency Contact Name + Number (emergency contact 2)	
Medical/health information (including allergies etc)	

Participation

As part of Twist and Splits Gymnastics Academy I understand my child will be involved in vigorous athletic activity. Due to the nature of the activity I also understand that the possibility of injury does exist.

- I consent to _____ taking part in Twist and Splits Gymnastics Academy classes.
- I confirm that I am aware of, the club's code of conduct and anti-bullying policy and understand and agree to my responsibilities in connection with these policies.
- I consent for coaches to authorise and or administer emergency First Aid.

Photography

- I consent to _____ being photographed/ videoed whilst participating in club activities and for these images to be used to promote the club social media accounts such as the club websites, Facebook, Instagram and Twitter.

Fees

"whatever you do, do it with all of your heart"

It is my understanding that coaching fees are payable at the start of each session. The club reserves the right to refuse to coach a gymnast who fails to pay the course fees **before** the session commences. It is also my understanding that fees are non-refundable.

I am aware that any gymnast who fails to abide by Twist and Splits Gymnastics Academy rules will not be allowed to take part in class. Disciplinary procedures can be found in our club handbook located on our website.

I have read and agreed to the policies and code of conduct detailed in the club handbook which can be found on our website at www.twistandsplits.co.uk

Signed:	
Date:	