



Gymnast Information Form

Sept 2021

1st: Our Classes (nb classes are age-banded by school year)

PreSchool Class	Recreational Class	Terrific Tumble
45 mins	Year R 45 mins, others 1 hour	1 hour 30 mins
Mon 9.30	Mon 4.00 – Years 1 - 6	Tues 5.30 – Years 3 - 6
Mon 10.30	Tues 3.45 – Year R	Tues 6.00 – Years 5 - 11
Wed 9.30	Tues 4.30 – Years 1 - 6	
Wed 10.30	Wed 3.45 – Year R	Terrific Tramp
Thur 9.30	Wed 4.30 – Years 1 & 6	1 hour
Fri 9.30	Thur 4.00 – Years 1 - 6	Mon 5.00 – Years 1 - 4
Fri 10.30		Mon 6.00 – Years 5 - 11
Unstructured	Home Ed – Family Fun	Thur 5.00 – Years 1 - 4
45 mins	1 hour 30 mins	Thur 6.00 – Years 5 - 11
Mon 11.30	Mon 1.30	
Thur 10.30	For school & preschool ages	

2nd: Please complete details

Gymnast First Name		Gymnast Surname	
Gymnast Birth Date		Gymnast Gender	Female Male
Gymnast Doctor		Gymnast Surgery	
Medical Details			
Parent First Name		Parent Surname	
Parent Mobile		Parent Email	
Address Line 1			
Address Line 2			
Town		County	
Post Code			
Please nominate someone that we can contact should the parent/guardian above not be available			
Emergency Contact		Emergency Phone	
<i>Andover Gym Club will only use or share this personal data for legitimate requirements including:</i>			
<ul style="list-style-type: none"> - In the provision of our gymnastics services (age based classes, medical implications on training) - In connection with our gymnastics services (competition entry, insurance requirements) - In the event of a medical emergency, accident or incident 			
I agree to the above use of personal data		Yes	No
I agree to the Club using photo/video images for publicity		Yes	No
For under 16's - my child receiving loco parentis care		Yes	No
Signed		Dated	

3rd: Please return completed form and list your 1st & 2nd choice of class to andovergymclub@gmail.com (using your contact email as above) - thanks