

WESTGATE GYMNASTICS REGISTRATION FORM

For membership purposes please fill in the following information and return it to Westbourne House.

Gymnasts name

Date of birth

Address

..... Postcode

Home telephone number (Inc STD code)

E mail Address:

1st emergency contact number

2nd emergency contact number

Known allergies (i.e. plasters)

.....

Known Special Details (i.e. Asthma, Diabetes, Epilepsy)

.....

Any previous dislocations or broken bones (if yes please state what bone, where

and when).....

.....

In the event of emergency, I understand every effort will be made to contact me, however I give my consent for medical treatment to be administered if necessary

.....Signature of parent/guardian

.....Date

Michelle West 07989 150103 / Tracey Angell 07594 550312