



Please complete and return this signed form to Jo in order to be registered with the club. If you are under 16 please ask a Parent or Guardian to complete

Gymnast Name _____

D.O.B _____

Address _____

Postcode _____

Nationality _____

Phone No _____

Mob/Home

Phone No _____

Mob/Home

Email Address _____

Emergency Contact 1 Name _____

Phone No _____

Relationship _____

Emergency Contact 2 Name _____

Phone No _____

Relationship _____

Please state any allergies or disabilities that may affect your gymnast at training

Session will be attending

I agree to adhere to all agreed code of conduct points that have been set out by Billings Rhythmic Gymnastic Club. I can/can not confirm that all information stated on this form is correct at the date of signing.

Signed _____ Parent/Guardian

Date _____

On occasion we may send club information to you via email, if you do not want to be contacted via email please tick this box