

CONEY HALL COSMONAUTS

Affiliated to British Gymnastics and the London Gymnastics Federation

MEMBERSHIP FORM

Title	Date of Birth
First Names	Surname
Gender	School
Address	
Town	
County	
Post Code	Home Telephone
BG Membership number and club (if already a BG member):	
Details of any medical conditions / allergies etc that the club should be aware of *	
Details of any medication being taken regularly / specific dietary requirements	

* Please supply any additional information on conditions that may require extra consideration by staff. It may be necessary to seek medical advice to confirm that participation in gymnastics activity will not have a negative impact on health. Medical information should be sought and where necessary any screening carried out prior to participation in the sport.

Parent / Guardian	
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Details of any specific religious requirements
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Leotard size required (girls only, eg 28").....

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1. What is your sex? Male? Female?
2. What is your ethnic group? (Choose one section from A - E and then tick the appropriate box)

A. WHITE

- British Irish
 Other Please specify

B. MIXED

- White & Black Caribbean White & Black White & Asian
 Other Please specify

C. ASIAN OR ASIAN BRITISH

- Indian Pakistani Bangladeshi
 Other Please specify

D. BLACK OR BLACK BRITISH

- Caribbean African

E. CHINESE OR OTHER ETHNIC GROUPS

- Chinese
 Other Please specify

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3. Do you consider yourself to have a disability? Yes No

If yes, what is the nature of the disability?

- Visual impairment Hearing impairment Physical
 Learning disability Multiple disability
 Other Please specify

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Website : www.coneyhallcosmonauts.co.uk e-mail : karen@coneyhallcosmonauts.co.uk

CONEY HALL COSMONAUTS

Affiliated to British Gymnastics and the London Gymnastics Federation

MEMBERSHIP FORM

Title	Date of Birth
First Names	Surname
Gender	School
Address	
Town	
County	
Post Code	Home Telephone
BG Membership number and club (if already a BG member):	
Details of any medical conditions / allergies etc that the club should be aware of *	
Details of any medication being taken regularly / specific dietary requirements	

* Please supply any additional information on conditions that may require extra consideration by staff. It may be necessary to seek medical advice to confirm that participation in gymnastics activity will not have a negative impact on health. Medical information should be sought and where necessary any screening carried out prior to participation in the sport.

Parent / Guardian	
Title	Surname
First Name	Occupation
Address (if different to above)	Relationship to member
	Email 1
	Email 2
	Home Telephone
Town	Mobile 1
County	Mobile 2
Post Code	Emergency contact mobile

Home telephone number and parent's mobile number will be stored as emergency contact. Please advise separately if you wish us to keep a different emergency contact on file.

Parent's email address will be used for all correspondence as we wish to avoid emailing minors directly.

Details of any specific religious requirements
--

Leotard size required (girls only, eg 28").....

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EQUALITY MONITORING – DIVERSITY MONITORING

British Gymnastics is committed to promoting and developing equality, which is about fairness and equality of access. In order to develop our equality policy it is essential to monitor participants. This information will allow us to develop our equality action plans at the grassroots of the sport.

1. What is your sex? Male? Female?
2. What is your ethnic group? (Choose one section from A - E and then tick the appropriate box)

A. WHITE

- British Irish
 Other Please specify

B. MIXED

- White & Black Caribbean White & Black White & Asian
 Other Please specify

C. ASIAN OR ASIAN BRITISH

- Indian Pakistani Bangladeshi
 Other Please specify

D. BLACK OR BLACK BRITISH

- Caribbean African

E. CHINESE OR OTHER ETHNIC GROUPS

- Chinese
 Other Please specify

The Disability Discriminations Act 1995 defines a disabled person as anyone with a “physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities”.

3. Do you consider yourself to have a disability? Yes No

If yes, what is the nature of the disability?

- Visual impairment Hearing impairment Physical
 Learning disability Multiple disability
 Other Please specify

PARENTAL CONSENT

I confirm my child is physically fit and healthy and I will undertake to advise you of any change. I consider him/her capable of taking part in gymnastics. I have completed the section on medical details and give consent that in the event of any illness/accident any necessary treatment can be administered. If surgery is necessary this may include the use of anaesthetics. I confirm that I have read through the Participant’s Code of Conduct with my child and they understand and agree to abide by the rules.

In signing this agreement I declare that I am aware of the element of risk involved and while I accept that the coaches and event personnel will take precautions to prevent accidents, I understand that they may not be held responsible for loss, damage, or injury to my child.

I confirm that my child is a current member of British Gymnastics.

I am aware that photographs and video footage may be taken during the event for coaching and promotional purposes. I do / do not consent (please delete as appropriate) for my son/daughter to appear in photographs. I understand that no personal information will be displayed with the image.

Parent/Guardian Name

Signed (Parent/Guardian)

Date

All information will be kept strictly in compliance with the Data Protection Act 1994 and 1998.

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MEMBERSHIP FORM

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First Names	Surname
Gender	School
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Town	
County	
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