SUSSEX SPRINGERS :: Membership Form **DATE:_____**

FULL NAME
DATE OF BIRTH
HOME ADDRESS
TELEPHONE NO.
E MAIL ADDRESS
EMERGENCY CONTACT NOS. & RELATIONSHIP TO PARTICIPANT 1) 2)
DOCTOR'S NAME & TELEPHONE NO.
SCHOOL ATTENDED
BRITISH GYMNASTICS MEMBERSHIP NUMBER & CLUB (IF REGISTERED)
DETAILS OF ANY MEDICAL CONDITIONS
DETAILS OF ANY MEDICATION BEING TAKEN REGULARLY
ANY OTHER INFORMATION WHICH MAY BE HELPFUL (Allergies etc)
I consent to my child/ren going home unaccompanied (if under 16) Yes No
I consent to any emergency medical treatment necessary during training sessions. I authorise the staff to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the Doctor to endanger the participant's health and safety Yes No

PARENT/GUARDIAN'S SIGNATURE	DATE

For Club Use Only		
Start Date	Sessions	Grade

Treasurer	Competition Secretary	Membership Secretary