

LYNX GYMNASTICS

HALF TERMSESSIONS 2017

70 RABANS CLOSE, RABANS LANE IND EST, AYLESBURY, BUCKS . HP19 8RS

Telephone 01296 488888 email— mail@lynxgym.com

Please complete all sections below and overleaf

5 to 12 years only

State whether Member or Non Member _____ Ability :- Beginner, Intermediate Advanced
we will check our records

Section 1: Gymnasts Personal Details

Forename _____ Surname _____

Date of Birth _____ Male/Female _____

Address _____
_____ Postcode _____

Emergency Contact Details:

Home Phone _____ **Contact Name** _____

Mobile Phone _____ **Contact Name** _____

Mobile Phone _____ **Contact Name** _____

Email Address _____

Section 2: Medical Information **Doctor** _____ **Surgery** _____

Has your child (please tick as appropriate):

Normal sight Yes No _____

Normal Hearing Yes No _____

Any Allergies Yes No _____

Are any medicines taken on a regular basis? Yes No _____

Do you consider your child to have a
Disability Yes No _____

Any allergies or ailments that could need emergency treatment, such as diabetes, asthma or food intolerances should be noted along with treatment.

PTO. PLEASE FILL IN SESSIONS YOU WOULD LIKE TO ATTENED AND SIGN THE BACK OF THIS FORM

Section 3:

Select the sessions from the ones below you would like your child to do and mark it with a tick.

Monday 23rd October

Tuesday 24th October

Wednesday 25th October

SECTION 4: CONSENT SECTION (Please delete as appropriate)

I will / will not allow my child ' s photograph to be used by the club in printed publications, display photographs, publicity around the facility.

I will / will not allow my child ' s photograph to be used on the club website. (photos are encrypted/protected, not downloadable).

PLEASE NOTE: THIS CONSENT WILL BE VALID FOR THE DURATION OF MEMBERSHIP WITH LYNX.

BY SIGNING THIS FORM I UNDERSTAND AND WILL COMPLY BY THE RULES POLICIES SET OUT BY LYNX.

SIGNED: _____ DATE: _____

PRINT NAME: _____

SECTION 5: COST

£14.00 PER SESSION FOR MEMBERS

£18.00 PER SESSION FOR NON MEMBERS

Total to Pay _____

BRING THIS FORM TO RECPETION OR POST IT WITH YOUR PAYMENT TO THE ADDRESS ON THE FRONT OF THE FORM

OR YOU CAN EMAIL A COPY TO mail@lynxgym.com and pay over the phone by card 01296 488888

YOU MUST RETURN THIS FORM WITH YOUR PAYMENT TO THE OFFICE TO SECURE A SPACE.