



2010 Registration form

Gymnast forename _____

Gymnast surname _____

Gymnast D.O.B DD / MM / YY

Gymnast address _____

Post code _____

Home telephone _____

Ethnicity _____

Doctors surgery _____

Doctors telephone _____

Medical conditions? Y / N

(please write details on reverse of form
 including lists of any medications and dosage)

British gymnastics
 member number _____
 (if known)

School attended _____

Highest badge
 attained _____

Parent forename _____

Parent surname _____

Parent address
 (if different from
 gymnats) _____

Post code _____

Parent contact number _____

Email
 (for correspondance) _____

Alternative numbers
 (e.g. Work / mobile) _____

2nd Contact (in case parent is not
 contactable in emergency)

Name _____

Relationship to gymnast _____

Telephone number(s) _____

Other notes _____

Information will only be used for club communication and registering with British Gymnastics.