**Booking Form and Consent Forms**

**Please fill out the following booking and consent forms:**

* Booking Form
* Consent for Participation
* Consent to code of Conduct
* Consent to Photography and Filming and the publication of these images

**Please send all the forms via post to the address below, or hand to your child’s coach on their first session:**

Total Gymnastics Academies

3 Frecheville Court

Off Knowsley Street

Bury

BL9 0UF

**TOTAL GYMNASTICS ACADEMIES**

**Personal and Contact Details**

Child’s full name: ........................................................................................................................................................

Gender: MALE FEMALE

Child’s date of birth: ................./..................../....................

Academy: ......................................................................................................................................................................................

Home Address: .............................................................................................................................................................................

.......................................................................................................................................................................................................

Postcode: .........................................................

Parent/Guardian name: ..................................................................................................................................................................

Relationship to child: ......................................................................................................................................................................

Contact number (Home): ................................................................................................................................................................

 (Mobile): .............................................................................................................................................................

 (Email): ..............................................................................................................................................................

Emergency contact name (OTHER THAN YOURSELF): ....................................................................................................................

Relationship to child: ......................................................................................................................................................................

Emergency contact number: ..........................................................................................................................................................

School: ............................................................................................................................................................................................

School address: ...............................................................................................................................................................................

.........................................................................................................................................................................................................

**Medical/health information**

Please give details of any medical or health issues that the academy should be aware of\*:

....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Please give details of any allergies: ................................................................................................................................................

..................................................................................................................................................................................................................................................................................................................................................................................................................

Doctor’s name: ...............................................................................................................................................................................

Contact number: .............................................................................................................................................................................

\* 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 will be sought and where necessary any screening carried out prior to participation in the sport.

**EQUITY MONITORING**

Total Gymnastics is committed to promoting and developing equity, which is about fairness and equality of access. In order to develop our equity policy it is essential to monitor participants.

**1. What is your child’s gender?** Male Female

**2. What is your child’s ethnic group?** (Choose one section from A – E and then circle the appropriate choice)

**A. WHITE**

British Irish

Other Please specify………………………………….................................

**B. MIXED**

White and Black Caribbean White and Black African White and Asian

Other Please specify………………………………….................................

**C. ASIAN or ASIAN BRITISH**

Indian Pakistani Bangladeshi

Other Please specify………………………………….................................

**D. BLACK or BLACK BRITISH**

Caribbean African

Other Please specify………………………………….................................

**E. CHINESE OR OTHER ETHNIC GROUP**

Chinese

Other Please specify…………………………………………………………...

The Disability Discrimination 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 your child to have a disability?** Yes No

If yes, what is the nature of the disability?

Visual impairment.........................................................................................................................................................................

Hearing impairment......................................................................................................................................................................

Physical disability...........................................................................................................................................................................

Learning disability...........................................................................................................................................................................

Multiple disabilities........................................................................................................................................................................

Other Please specify…………………………………................................………………………............................................................................

**CONSENT FOR PARTICIPATION**

I confirm my child is physically fit and healthy and I will 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 unlikely event of any illness/accident any necessary treatment can be administered by the coaching staff. In the unlikely event that surgery is necessary I am aware that this may include the use of anaesthetics. I am aware that if I or the in case of emergency person cannot be contacted, the coach may have to make a decision in an emergency on my behalf in the best interests of my child. I confirm that I have read through the gymnast’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 facility 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 all the contact information I have given is correct and I will inform Total Gymnastics Academies if there are any changes. I confirm that I have read the parental handbook and agree to all codes of conduct and terms and conditions.

Name of parent/guardian: ...........................................................................................................................................................

Name of child: ..............................................................................................................................................................................

Signed: ...........................................................................................................................................................................................

Date: ................./................./.....................

**CONSENT TO PHOTOGRAPHY AND FILMING**

I am aware that photographs and video footage may be taken during the event for coaching and promotional purpose. I (name) .......................................................................... do/do not consent (please delete as appropriate) for pictures of my child (name) ..................................................................to be used for these purposes. I understand that no personal information will be displayed with the image.

Name of parent/guardian: ............................................................................................................................................................

Signed: ...........................................................................................................................................................................................

Date: .............../................/..................

**CONSENT TO PUBLICATION OF IMAGERY**

Total Gymnastics is keen to promote the sport of gymnastics and would potentially like to take photographs to promote achievements and capture children/coaches participating/competing.

All photographs will be taken in accordance with the British Gymnastics Child Protection Policy 2004.

I…………………………………………………………..consent to the publication of photographs of my child ....................................................................being taken.

The photographs can be used for the following purposes:(please tick as appropriate)

**Promotional materials, publications and presentations**

**Official Website**

**Social Media**

I understand that these photos will be published in line with the guidance contained in the BG Child Protection policy 2004 on Use of Photographs and Recorded Images and the Health, Safety and Welfare Policy 2005 on Use of Imagery on the Internet.

Signed ......................................………………………………….......…....... Date…………/………......../...................

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