*KS2 Gymnastics*

*Consent Form*

# School:

# Name of Student:

Date of Birth: School Year:

Address:

E mail address:

Tel number:

Emergency contact number:

Photo Consent Yes / No

Name of Gymnastics club attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours train a week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrangements for collection at the end of the session:

Any known medical condition or medication:

(NB if your child suffers from asthma please ensure that they bring their inhaler to the sessions)

Please indicate if you give us permission to carry out any emergency medical attention if required (tick appropriate box)

NO

YES

Signed: Date:

Parent/Guardian