



Ace of Clubs

46 Hospital Bridge Road, Twickenham, Middlesex TW2 5UJ
020 3744 7278 www.aceofclubs.org



COURSE REGISTRATION FORM

In accordance with the Data Protection Laws of England and Wales, the information supplied on this form will remain private and confidential.

To be completed by parents/ carers of all participants. This is to ensure that we provide activities to meet the individual requirements and health needs of all participants. Failure to disclose information may result in poor quality activity delivery, unhappy gymnasts and potential exclusion from the session. We request that parents/ carers inform the Lead Coach of any changes in information as soon as possible. All information given will be treated in confidence and only given to the coaching staff and, if required, emergency services. DATE: _____

PARTICIPANT'S FULL NAME: _____

ADDRESS: _____ POST CODE _____

TELEPHONE (home) _____ (mobile) _____

EMAIL: _____ D.O.B. _____ Age _____

Does the participant have previous trampolining or gymnastics experience? Yes/ No
- If yes, please specify: _____

Does the participant have an impairment/ disability? Yes/ No
- If yes, please give details: _____

Are there any medical conditions of which the coaches/ support staff should be aware? Particularly epilepsy, asthma, rodged back, detached retina and epilepsy? Yes/ No
- If yes, please tell us how these are managed, and if they will have medication with them?

Has the participant had any recent injuries or treatment/ rehabilitation? Yes/ No
- If yes, please give details: _____

Please list any medications including dosage and frequency and for what they are prescribed:

Does the participant suffer with any allergies? Yes/ No
- If yes, please give details: _____

Doctor's Name: _____ Contact Tel: _____

Please give details of any specific dietary requirements: _____

Does the participant have Downs Syndrome? Yes/ No
- If yes, has the participant been screened for Atlanto Axial Instability? * Yes/ No
***(It is mandatory for participants with Downs Syndrome to complete an AAI form) which we have to register with BG before they can participate in the sessions)**

Does your child hold British Gymnastics membership? Yes/ No
If no, please note that your child will be covered with insurance whilst attending any taster period/sessions. After this period, it is required that you have the relevant BG membership in place and Regional affiliation.



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Is there anything we should be aware of which would be appropriate when teaching the participant?
(Of a medical nature/ condition or otherwise)

Yes/ No

- If yes, please specify: _____

Emergency Contact Name: _____ Relationship to the participant: _____

Emergency Contact Tel No (Mobile): _____

If a child: School Name: _____ Borough/ County: _____

Please specify any specific religious requirements: _____

Are there any behavioural difficulties of which the coaches/staff should be aware? Yes/ No/ n/a

If yes, please tell us how the coach can support the participant: i.e. are there any triggers that they need to know about? _____

Please list anything else you think that the coaches/support staff may need to know so that, we can ensure the participant has a good and positive experience in the sessions. i.e. Does your child use a wheelchair; does your child communicate using sign language? Yes/ No/ n/a

Please note that coaches are unable and unqualified to assist with toileting and personal care matters.

If a child: Will the participant be collected after the class?

Yes/ No

If yes, please state by whom? _____

Consent:

The participant is in good health and I consider him/her capable of taking part in the Trampolining/ Gymnastics session. I have completed the medical details and consent that, in the case of illness or an emergency the participant will receive whatever medical treatment is deemed appropriate to their condition. I also understand that while the coaches and staff will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to the participant. I accept that my child takes part in this activity entirely at his or her own risk and that AOC Leisure Ltd are under no liability in respect of personal injury, loss or damage caused whilst attending this programme unless negligence or malpractice can be proved.

In accordance with the Data Protection Act 1998, the information declared within this form in the above questions will be held by and used to supply information to you. Our equal opportunities policy is based on and reflects the Equality Act 2010.

Trampolining and Gymnastics are inherently risky sports. Coaches are responsible for the welfare of many children in the hall, many of them completely new to the sport. Due to this we must insist on good and responsible behaviour from the children. They must not go on any of the apparatus without a coach present. If the coaches feel a child is not suited to the sport for whatever reason, therefore placing themselves or others in danger, it is at our discretion and as a **duty of care** owed to all participants, to remove them from the session.

I declare that all information given on this form is correct and truthful. I have read and agree to all of the above conditions and to the terms and conditions of the Club Policies.

Participant Name: _____ Signature of Participant: _____

Parent / Guardian Name: _____ Signature of Parent / Guardian: _____

(If participant under the age of 18, must be signed by a person with legal parental responsibility)

Date: _____