

March 2012

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## **SPELTHORNE GYMNASTICS TRIAL CLASS INFORMATION FORM**

**Please complete before attending first class**

Son/Daughter's Full Name.....

Date of Birth.....

Day and date of trial class..... Time of trial class.....

Contact name and number.....

Anything we should know? Allergies / general / social problems Please detail below

I agree to my child taking part in this gymnastics class, and understand that as with any sport there are possible risks involved.

If my child then attends for a second class, I understand that the fees for the remainder of term plus a membership fee to British Gymnastics becomes payable by cash/cheque before the class starts. Card payment is accepted but a small charge will be made

Signed.....dated.....