**North West Team Gym Workshop**

**11th May 2014 1.30 – 4.30pm**

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| **Please complete & return this form by Friday 2nd May 2014 to:** clare.mcginnis@british-gymnastics.org |
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| **The Conference is being held at:**Crewe & Nantwich Gym Club,Camm Street Centre,Camm Street,Crewe,CW2 7DN |
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 | BG members only aged 14 years and over (Parental consent must be obtained if under 18 years of age)The sessions are practical workshops so please come dressed appropriately.Coaches are permitted to bring some of their own gymnasts to take part in workshop however, this is not a necessity.  |

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| Name: | DOB: |
| BG Membership number: | BG Membership Level Bronze / Silver / Gold |
| Address: |
| Contact number: | Contact email: |
| Club: |
| Current Coaching Qualifications: |
| Emergency Contact Information: |  |
| Name: | Relationship: |
| Tel number: | Email: |
| **Important information required** |
| Please state if you have any medical conditions or if you are currently taking any medication. Please also list any allergies you have to medication.(Please give details below): |
| Please provide details of your doctor:Doctors name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Do you consider yourself to have a disability? Yes / No**If Yes what is the nature of this disability and do you require support in any of the workshops Yes/ No* |
| I consider that I am/my child is physically fit and healthy and consider myself/my child capable of taking part in the workshop. I confirm I have sought medical advice if appropriate. I understand photographs / film footage will be taken during the conference. These images/ footage will be used by British Gymnastics and their partner organisations, for promotional purposes, including inclusion on the BG website, in newsletters / publications, or for use in other appropriate promotional media. These images will be securely stored and will not in any way be altered for inappropriate use. |
| Delegate’s Signature: | Date: |
| Parent Signature if under 18 years old: | Date: |