

Ivybridge Community College Gymnastics Academy

Consent Form

Please complete this Consent Form and pay the training fees on the day you join to confirm your place. All payments can be made by cash or cheque (made payable to **Westcountry Schools Trust**). If you would like further information or have any questions, please contact Ashley Saunders gymnasticsacademy@ivybridge.devon.sch.uk

INFORMATION REQUIRED			
Name of Parent/Carer:			
Email Address:			
Name of Gymnast:			
Name of Group: (Please note new starters will be given a group name)			
Date of Birth:		Age of Gymnast	
Permission for my child to be photographed and filmed during events and competitions	YES/NO (Please note photographs will be published on the College website, newspapers, articles and display boards)		
Medical Information:			
Emergency Contact Details:	Emergency Contact 1: Emergency Contact 2:		
Chosen Day to Train:	Monday: Yes/No Wednesday: Yes/No Thursday: Yes/No		
Amount Enclosed:			
Signed:			