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| Forename: | Surname: | |
| D.O.B: (must be 11 by day of course) | | |
| School &/or Club: | | |
| BG membership number: (if applicable) | | |
| Address: | | |
| Parents/ guardians contact number: | Parents/ guardians email: | |
| MY Leadership Academy name (if relevant): | | |
| Emergency Contact Information: Primary (must be completed) | | |
| Name: | Relationship: | |
| Tel number: | Email: | |
| Important information needed | | |
| Please state if you have any medical conditions or if you are currently taking any medication. Please also list any allergies you have or to medication: | | |
| Please provide details of your doctor:  Surgery name: and Doctor: Tel: | | |
| Do you require any additional support in any classroom or physical session? YES / NO If yes, please outline what support you require. | | |
| *To be completed by Parent/ Guardian*  My child is in good health and I consider him/her capable of taking part in the’ Intro to…’ course I have completed the medical details and understand that every effort will be made to obtain personal consent but that in an emergency, prompt action may be required. Therefore any necessary treatment which a medical practitioner deems necessary can be administered.  I understand photographs / film footage may be taken during the course. 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. Candidates must remain at the venue with the tutor/course organiser for its entirety and be collected from the venue unless signed consent has been received. Please state if you wish the child to leave unattended.  I understand that my child may be asked to complete questionnaires to provide feedback. Participation in completing questionnaires is voluntary. Your child has the right to withdraw their participation at any time. | | |
| Print name (parent/ guardian if under 18) | | |
| Signed | | Date: |

**Please return this application form along with payment to:**

**South Cambs School Sports Partnership, Comberton Village College, West Street, Comberton, CB23 7DU or Email:** [**sspadmin@combertonvc.org.uk**](mailto:sspadmin@combertonvc.org.uk) **Tel: 01223 265470 ext 225**

**Cheques should be made payable to Comberton Village College**

