



**REGISTRATION FORM FOR CHILDREN ATTENDING CLUB OR PARTY ACTIVITIES ON THE GOSFORTH ACADEMY TRAMPOLINES**



*This form is to be completed by the parent or person with legal responsibility for a child taking part in Children's Club or Trampolining Party Activities at Gosforth Academy.*

## Participation Statement

**“British Gymnastics recognises that trampolining and gymnastics are activities with a danger of personal injury or death. Parents and carers of children taking part in these activities should be aware of and accept these risks.”**

### Personal Details of child - Please complete the form in BLOCK CAPITALS.

First Name		Surname	
Date of birth		Current Age	
Address			
Postcode		Email address	
Contact 1		Mobile No.	
Contact 2		Mobile No.	
Medical Notes			

### This section to be completed by the parent / carer

I have legal parental responsibility for the named minor above and I have read and understood Gosforth Academy conditions of use and rules and I understand the risks associated with Trampolining. In particular I understand that Trampolining can lead to serious injury or death. Despite these risks I give my permission for the above child to take part in Gosforth Academy Childrens' Trampolining Club sessions and Children's parties. I also confirm that I have no knowledge of any medical condition that the above child has which would in any way affect their ability to participate in the activities.

Name  Signature  Date