



Registering your child

Please read the form completely and fill in the details and be advised that the conditions below should be accepted for the child to Register and participate in gymnastics classes.

Child's full name :
Date of birth :
School :
Telephone Mum's Mobile :
Numbers 2nd Mobile :
Email address :

Has the child any medical problems that we should be aware of?

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Shams Gymnastics Club use qualified coaches and we remind Parents and Guardians that Gymnastics is a healthy vigorous sport but accidents may occur which may be minor but could also be serious in nature. Parents should make their child aware of the risks associated with gymnastics and should consider medical insurance that covers their child against gymnastics related injuries. We also advise children never to use equipment in the absence of a coach or without permission and to follow the Club rules - parents or guardians should ensure their child is reminded of this.

Release of Liability

By signing this form, I hereby agree to waive any claim against Shams Gymnastics Club or its coaches with respect to any accident or injury suffered by the child including incidental or consequential damages whether through negligence or action of a third party. I also have no objection in case of injury of the Club arranging first aid or movement to a hospital.

Personal belongings are the responsibility of the child and Shams Gymnastics Club cannot be held responsible directly or indirectly for losses or damage of these possessions whilst the child is undertaking a gymnastics program. The parents must make their child aware of this responsibility.

This certifies that I am the legal guardian of the above child and as such agree to the terms written herewith and have no objection to my child a) taking part in the coaching programs or b) images being used on the **ShamsGym** website or other advertising material.

Parent's Name

Signature

Date