



# Clevedon Gymnastic and Leisure Club

East Clevedon Hall, 137 Old Street, Clevedon, North Somerset, BS21 6BH  
Tel: 01275 342068 Email: admin@cglc.co.uk

## Membership Record Update

**We wish to ensure our records are up to date. Please complete and return.**

### SECTION 1 – Member Details

First Name(s)..... Surname.....

Date of Birth..... Age..... Male / Female (delete one)

Address.....

.....

Post Code..... Tel No. Home ..... Mobile.....

Parent/Guardian Name..... Tel No.....

Emergency Contacts:

(Please print name and relationship to gymnast)

Name..... Tel No.....

Name..... Tel No.....

Name..... Tel No.....

Name..... Tel No.....

British Gymnastics wishes to record its membership, please tick one of the boxes to identify your ethnic group:

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Bangladeshi   | <input type="checkbox"/> Black African  | <input type="checkbox"/> Black Caribbean    | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> Chinese       | <input type="checkbox"/> Indian         | <input type="checkbox"/> Pakistani          | <input type="checkbox"/> Asian Other |
| <input type="checkbox"/> White British | <input type="checkbox"/> White European | <input type="checkbox"/> White non-European | <input type="checkbox"/> Other       |

### SECTION 2 – Medical Information

Please list any medication or medical conditions which may affect the member’s ability to participate (e.g. asthma, dyspraxia, steroids, frequent ear infections, previously broken bones and surgery). Please also list any medication, medical condition, allergies, religious belief or otherwise which may affect any treatment given in an emergency. If none, please write ‘none’.

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## Membership Record Update (Continued)

Does the member have a disability?       Yes (please give details below)     No

Doctor's Name.....Tel No.....

Surgery Address.....

I agree that a club coach or representative may act *in loco parentis* in the event of any accident or injury, if I or my emergency contact(s) cannot be reached.

### SECTION 3 – Photographs and Video

There will be occasions when a photograph or video of your child may be taken for publicity or training purposes. The photographs may be used in printed publications, put on notice boards in the gym or may appear on the club web site.

We will assume you are happy for this to happen. If you are not happy – place a cross in this box

### SECTION 4 – Data Protection

Any information given on this form will be treated with the strictest confidence and kept in accordance with UK Data Protection regulations. Clevedon Gymnastic and Leisure Club will retain this form and the information supplied on its database for membership purposes only. The Club will not pass on or sell any information to a third party unless required by law or for the administration of the club (e.g. to register members with British Gymnastics). Summaries of medical information and emergency contact details are made available to coaches during classes for use in an emergency.

Signed .....

Name .....

Date .....

### PLEASE INDICATE CURRENT SESSIONS ATTENDED

	M	T	W	T	F	S	S
09:00 – 10:00							
10:00 – 11:00							
11:00 – 12:00							
12:00 – 13:00							
13:00 – 14:00							
14:00 – 15:00							
15:00 – 16:00							
16:00 – 17:00							
17:00 – 18:00							
18:00 - 19:00							
19:00 – 20:00							
20:00 – 21:00							
21:00 – 22:00							