

CHESTER TRAMPOLINE CLUB

Membership and medical form

* denotes required information. Any queries contact Colin Hall 07758 701771.

Name*: _____ Date of birth*: _____ School: _____

Address*: _____ Postcode*: _____

Parent/Guardian name(s) for contact purposes*: _____

Telephone number*: _____ Mobile Number*: _____

Email address*: _____

Alternative Emergency Contact (Name)*: _____ (Number)*: _____
(Alternative will only be used in case of emergency if parent/guardian cannot be contacted)

HEALTHY & SAFETY INFORMATION FOR YOU

1. Qualified British Gymnastics (BG) coaches run all trampolining sessions organised by Chester Trampoline Club (CTC). Participants will be instructed in the BG approved manner and the correct mechanics of all skills will be taught. It is therefore essential that participants adhere to the instructions of their coach and to all BG and CTC rules.
2. CTC and the BG strive to make the sport of trampolining as safe as it can be, but as with any vigorous athletic activity/sport, there will always remain the possibility of injury. In particular, trampolining involves repetitive contact with the trampoline bed, often whilst performing inverted skills or in a variety of landing positions.
3. All the club's BG coaches have Enhanced clearance by the Disclosure & Barring Service.

HEALTH & SAFETY INFORMATION FOR US

1. **PARENTAL CONSENT** – I authorise the coaching staff of CTC to seek treatment for any injury sustained by the above named person whilst in the care of CTC coaching staff. In the event that I cannot be reached, I hereby authorise the doctor and/or hospital, qualified first aid/medical staff to perform any necessary emergency treatment to the injury - **YES / NO ***
2. Has the child sustained any head injuries within the last six months and/or fractures within the last three months (if yes please advise below, if either of these occur in the future, you must inform the coach in charge of the session) - **YES / NO ***
3. Please advise us (using the below blank area) of any ongoing illnesses or disabilities, which could affect the participant's performance or behaviour. Please also advise the coach if there is a short-term problem of a similar nature. Such conditions would include allergies, asthma, diabetes, medication, a history of hearing problems affecting balance etc.

Details for numbers 2 (if yes) & 3 if any

Consent for photography: I give permission for photographs to be taken by an official of the club at trampolining sessions or competitions for use in local papers, club's information board and website etc. **YES / NO ***

Consent to enter competitions: I give permission for the participant to be entered into appropriate/suitable competitions. (Information and your confirmation will also be given/required at the time) **YES / NO ***

Consent to leave the activity: I give permission for the above named person to a) leave the hall to go to the toilet and b) leave the activity at the end of the session. **YES / NO ***

I, being legal guardian of the above named (or if 18 or over, I) have read the above and understand the risks of trampolining activity and confirm that I/we have received, read, understood and will abide by, CTC's club rules. The named participant is in good health and physically capable of participating as part of CTC and its associated activities.

Signed _____ (Parent/Guardian) Date _____