

# Application/Consent Form

## Personal details

Gymnasts name: \_\_\_\_\_ Known as: \_\_\_\_\_  
Sex: Male  Female  Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_

## Emergency contact details

Name: (1) \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (mobile): \_\_\_\_\_  
Name: (2) \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (mobile): \_\_\_\_\_

## School details

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_

## Medical Information

Please give details of any medical condition that may require treatment and/or medication  
\_\_\_\_\_  
\_\_\_\_\_  
Please give details of any allergies  
\_\_\_\_\_  
\_\_\_\_\_  
Doctors name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Please give details of any specific dietary requirement  
\_\_\_\_\_  
\_\_\_\_\_

## Payments enclosed

BAGA Membership fee £ ..... Esprit annual membership fee £ .....  
Training fees £..... Total enclosed £.....

Cheques made payable to **Esprit Academy**. All details submitted here are held on a secure computer.  
Esprit Academy is registered under the data protection act.

## Religious needs

Please specify any specific religious requirements

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## Equity monitoring

Esprit is committed to promoting and developing equity, which is about fairness and equality of access. In order to develop our equity policy it is essential to monitor participants. Although this information is optional, it would be very helpful if you would complete this form. This information will allow us to develop our equity action plans at the grassroots of the sport.

**All information will be kept strictly confidential in compliance with the Data Protection Act.**

1. What is your sex? Male  Female
2. What is your ethnic group? (Choose one section from A - E and then tick the appropriate box)

### A WHITE

British  Irish  Other  (Please specify) \_\_\_\_\_

### B MIXED

White & Black Caribbean  White & Black African  White & Asian   
Other  (Please specify) \_\_\_\_\_

### C ASIAN or ASIAN BRITISH

Indian  Pakistani  Bangladeshi  Other  (Please specify) \_\_\_\_\_

### D BLACK or BLACK BRITISH

Caribbean  African  Other  (Please specify) \_\_\_\_\_

### E CHINESE or OTHER ETHNIC GROUP

Chinese  Other  (Please specify) \_\_\_\_\_

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

3. Do you consider yourself to have a disability? Yes  No

If Yes, what is the nature of the disability?

Visual impairment  Hearing impairment  Physical disability  Learning disability   
Multiple disability  Other  (Please specify) \_\_\_\_\_

## Parental consent

I confirm that my child is physically fit and healthy and I consider him/her capable of taking part in gymnastic classes. I have completed the section on medical details and give consent that in the event of any illness/accident any necessary treatment can be administered. If surgery is necessary this may include the use of anaesthetics. I confirm that I have read through the participant's Code of Conduct with my child and **WE** understand and agree to abide by the rules. In signing this agreement, I declare that I am aware of the element of risk involved and while I accept that the coaches and event personnel will take precautions to prevent accidents, I understand that they may not be held responsible for loss, damage or injury to my child.

I confirm that my child is/is not a current member of British gymnastics. BAGA number (if applicable) \_\_\_\_\_

I am aware that photographs and video footage may be taken during the event for coaching and promotional purpose. **I do / do not consent (please delete as appropriate)** for my son/daughter to appear in photographs for the sole purpose of promoting Esprit Gymnastics. I understand that no personal information will be displayed with the image.

Parent/Guardian Name: \_\_\_\_\_

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_