FLARES	7	*
GYMNASTIC	S & C	HEER
KILLARNEY &	CO KE	RRY

Flares Gymnastics & Cheer Registration Form 2020/2021

CLASS LOCATION

Club Conditions & Guidelines for Parent(s)/Guardian(s)

Flares Gymnastics & Cheer Club Code of Ethics, Safety Statement and GDPR guidelines can be read online at www.flaresgymnastics.com or in

TELEPHONE CONTACT:

Danny 087-0531527 Hayley 086-3958327

Surname:

Forenames:

Full Name of Gymnast

(BLOCK LETTERS PLEASE)

				nrint form on request	Please familiarise yourself with these document	nts
Date of Birth		M/	F:		•	
Parent/Guardian Names		,			ant is on time for class warm-up suitably dresse, with refreshment (ie water) and without jewell	
Address	(BLOCK LETTERS)			long as they do not dis	•	as
Telephone No					of any circumstance, health or otherwise, that d during training and also of any change in cont ibers	act
Emergency Contact No	Second No required				n-refundable) are payable annually. Class fees ar	e
Health Issues/Allergies					each term commences. The club is unable to ast decides to leave during the term unless it is a	aftei
Class / Time Enrolled	(ie: Sat 10-12, bumblebees, etc)		the initial class only. The club cannot subsidise for missed classes etc; coaches, hall and other costs must be paid for regardless			
use and for the club website. Pleas to ensure the safety of gymnasts, the moves, etc. Attendance at training or by a suitably qualified medical	se tick this box if you DO In the sport carries an element of its taken as an acceptance of practitioner. If emergency to provide emergency aid	NOT want your child to be in of risk of injury which can oc of this. In the event of injury treatment is required and coor medication. I have read a	ncluded in mocur. The spoor illness, montact canno	nedia activity. Pleasort is close contact be nedical treatment will be made with parent.	shops or may utilise media for education as the aware that while every effort is matter that while every effort is matter that and gymnast while supported be administered by a nominated first aim to the administer that the amount of the amo	ade ing der ied
Please SIGN below (PARE)	NT/GUARDIAN):	Please PRINT SIGN	NATURE	below:	DATE:	
					_	_