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**CONFIDENTIAL**

**Trampolining Parental Consent Form**

###### Please complete if there are any changes in contact details so that they can be updated onto the system

**Name of participant**……………………………………………………………………………..................…………….

**Date of Birth**………………………………………....................................**Age**………………………………………..

**Address**………………………………………………………………………………………..................................……

……………………………………………………………………………………….**Postcode**.…………………………

**Home Tel No**……………………...**Emergency contact name and number**…………………………….…………….

**Email Address**………….……………………………………….................................………………………………….

**Personal Information:** Please give personal details below, and any additional information that is important.

Does your child have any disabilities or special requirements for them to part in trampolining (additional medical forms are required if they have Down syndrome? **YES/NO**

If yes, please give details………………………………………………………………………...............................………………

Does he/she suffer from allergies, diabetes, migraine, asthma, epilepsy, bad period pains or any other illness? **YES/NO**

If yes, please give details………………………………………………………………………………………...............................

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Does he/she have any previous injuries, e.g. back, neck etc.? **YES/NO**

If yes, please give details..................................................................................................................................................................

Name and address of own General Practitioner (GP) Doctor……………………………...............................................................

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**IMPORTANT –** Parents of children aged 2-8 years old must stay with the children during the session.

**Parental Consent:**

I give permission for my child to be photographed for trampolining publicity purposes/website Please tick box ⁭

I understand that the staff involved will take all reasonable care of participants Please tick box ⁭

I consent to any emergency treatment necessary. I therefore authorize the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child’s health or safety.

Please tick box ⁭

Signed……………………………………………………..Parent/Guardian Date……………………

**This form is used to complete your insurance through British Gymnastics.**

The club secretary must receive this form on enrolment to the club. Without insurance you will not be insured to bounce!!!!

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