**Wingate Gymnastics Club - REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date joined:** | |  | **Day/time:** | |  | | | **Acc No:** |  |
| **Surname:** |  | | | **Forename(s):** | |  | | | |
| **Date of Birth:** | | | | **Male:** | | | **Female:** | | |
| **Parent/Guardian/Carer 1** | | | | **Parent/Guardian/Carer 2** | | | | | |
| **Name:**  **Address:**  **Postcode:** | | | | **Email:**  **Telephone: Home:**  **Mobile:** | | | | | |
| **Emergency contact details:**  **Name:**  **Address:**  **Postcode:** | | | | **Telephone: Home:**  **Mobile:**  **Relationship to member:** | | | | | |
| **Medical Details: (Allergies, asthma, medication, special needs etc)**  **Please Indicate: YES/NO** | | | | **If YES, please give details: (use GYM005 Medical form part 1**  **GYM006 Medical form part 2 if needed)** | | | | | |
| ***Participation Agreement***  The Wingate Centre and its Trustees are committed to providing an environment in which gymnastics can be enjoyed safely. Details of our Health & Safety, Safeguarding and Grievance & Complaints Policies can be found on our notice boards and website.  Club members’ responsibilities for safety are outlined in our Code of Conduct, detailed in our Members’ handbook. All other terms of participation are outlined in our Terms & Conditions of membership detailed in our Members’ handbook.    In signing this participation agreement, I declare that as Parent/Carer/Guardian   1. I understand the element of risk involved in participating in gymnastics and I am willing to allow participation. 2. I will adhere to the Code of Conduct and the Terms & Conditions of membership.  |  |  | | --- | --- | | Name of User/Parent/Guardian/Carer: |  |  |  |  |  |  | | --- | --- | --- | --- | | Signed: |  | Date: |  | | | | | | | | | | |



**CONSENT FORM**

We would love to share with you information about our charity, including news about our forthcoming events and our newsletter. If you would like to receive this information, please tick the boxes to show us which ways you would prefer to hear from us. We will treat your information with the utmost care and we will not share your data with anyone

Add me to your mailing list to receive news about forthcoming events and newsletters by:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post |  |  |  | Email |  |  |  |  |

**PHOTOGRAPHY CONSENT**

If you agree for your information (name/photograph/films) being used in our literature, press releases, social media and website please read the declaration below and sign.

How we will use your information:

* To illustrate our message to promote the charity
* We will keep your information only for as long as we consider appropriate and in line with regulatory requirements
* We will not share your data with third parties
* Will not give you preferential treatment for taking part
* You will not be paid for taking part in any promotional activities and/or photographs/films
* You have the right to withdraw consent for the use of your information in the future by providing 14 days’ notice in writing to: The Marketing Department, The Wingate Special Children’s Trust, The Wingate Centre, Wrenbury Hall Drive, Wrenbury, Nantwich, Cheshire CW5 8ES
* We are unable to remove or control your information already published
* You will not own the copywrite of any photograph(s)/film(s) received for use by us

I agree to my information being used as explained above.

|  |  |
| --- | --- |
| Name of User/Parent/Guardian/carer: |  |

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| --- | --- | --- | --- |
| Signed: |  | Date: |  |