

GYMNAST NEW STARTER REQUEST FORM

PREFERRED DAY OF CLASS: (circle options)	
Pre-school:	MONDAY 10.45-11.45am /WEDNESDAY 10.45-11.45am /FRIDAY 9.30-10.30am
School to 7 years:	MONDAY 4-5pm /TUESDAY 4-5 pm/WEDNESDAY 4-5pm/ WEDNESDAY 5-6 pm/ FRIDAY 4-5pm/ /SATURDAY 9-10am
7-10 years:	TUESDAY 5-6pm / TUESDAY 6-7pm/ WEDNESDAY 6-7pm/ THURSDAY 4-5.30pm FRIDAY 5-6pm/ SATURDAY 10-11.30am
10+ years:	MONDAY 5-6.30pm / THURSDAY 5.30-7pm

CHILD'S NAME:	
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DATE OF BIRTH:	
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MALE/FEMALE:	
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GUARDIANS NAME:	
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HOME ADDRESS:	
POST CODE:	

CONTACT TEL NO:	
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EMAIL ADDRESS:	
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Do you consider your child to have a disability?		
Visual Impairment	Hearing impairment	Physical disability
Learning disability	Other	

Is a parent a member, or ex-member, of the Armed Forces?

For office only		
CLASS OFFERED:		
DATE OFFERED:		
ACCEPTED/DECLINED:	ACCEPTED	DECLINED
START DATE:		
ADDED TO SYSTEM:		
CLUB NUMBER:		
BG NUMBER:		