



# DUNGARVAN GYMNASTICS CLUB APPLICATION



Please tick the appropriate box:

### GYMNASTICS IN DUNGARVAN

- Wednesday 4-5pm class
- Wednesday 5-6pm class
- Thursday 4-5pm class
- Friday 4-5pm class
- Saturday 10-11am class
- Friday 5-6pm
- Saturday 11-12pm

### GYMNASTICS IN CAPPOQUIN

- Friday 5-6pm class

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### CONTACT NAMES AND TELEPHONE NUMBERS (2 CONTACT NUMBERS):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Tel No. \_\_\_\_\_

Is your child taking any medication/have allergies/medical conditions that we should be informed of?

Please include any other information that you feel may be relevant for our Coaches to be aware of:

I hereby \* PERMIT/NOT PERMIT Dungarvan Gymnastics Club to photograph/video my child(ren) name(s) \_\_\_\_\_ for the purpose of media releases/competition photo's/training purposes. \*Delete as appropriate.

Gymnastics Ireland Acknowledgment, Waiver and Release from Liability:

Parent/Guardian consent Waiver – PLEASE READ THE DOCUMENT ON OUR WEBSITE.

For the purposes of this consent any person under the age of eighteen is referred to as a minor.

I have read this document and I understand its contents and I hereby acknowledge that I have executed the foregoing Acknowledgement,

Waiver and Release from Liability for and on behalf of the minor named herein, as the parent or legal guardian of such a minor.

I confirm that I have the legal capacity and authority to act on behalf of the minor named herein, and I agree to hold harmless the persons

or entities mentioned in the Acknowledgement, Waiver and Release from Liability for any claims made or liabilities assessed against them

arising out of my and/or my child's actions or the actions of the persons or entities mentioned in the Acknowledgement, Waiver and Release from Liability and/or my or my child's participation in GI events.

I confirm that I give permission for my child to take part in GI events as a Member and I agree to and have read the Acknowledgement,

Waiver and Release from Liability above.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

We ask that children wear suitable stretch clothing for gymnastics. No jeans or loose clothing.

Please see our website [www.dungarvangymnastics.com](http://www.dungarvangymnastics.com) for details of these, plus contact numbers and our membership fees.

Please post applications to: Dungarvan Gymnastics Club, Unit 2/3 Westgate Business Park Dungarvan, Co. Waterford.  
Or email to [dungarvangymnastics@gmail.com](mailto:dungarvangymnastics@gmail.com).