Application & Agreement Form

Please complete all sections and return to Diamonds Gymnastic Club,
c/o The Keith Whitaker Centre, Mill Lane, Boothtown, Halifax. HX3 6TN
Tel: 01422 349559

I wish to apply for membership of Diamonds Gymnastic Club:

Child's Details: Please fill in all sections in BLACK INK and sign.

Surname:

First names:

D.O.B. **Male/Female:**

School:

Parent/Guardian: **Title: Miss,Ms,Mrs,Mr,Dr etc.**

Surname:

First names:

Full Address:

Post Code:

Home Telephone:

Mobile:

Works Telephone:

Emergency contact number:

If your child has any special needs or medical conditions please enclose details. Eg Asthma. Diabetes, Epilepsy

Agreement:

- **I wish the named child to be involved in the following activities.**
- **I agree to pay the Training Fees and Diamonds Membership Fee before my child will be accepted into an activity.**
- **I agree to the Terms and Conditions as shown.**
- **I understand that to cancel membership I must write to the club secretary of Diamonds Gymnastic Club at least two weeks before the start of a new term. All cancellations will be confirmed in writing.**

Code:	Venue:	Day:	Time:

Please ensure that all details are correct and that the agreement form is date and signed. Please enclose payment for tuition and membership Cheques made payable to Diamonds Gymnastic Club.

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Ethnic Monitoring Form: Please tick the appropriate box: Ethnic-Origin

Bangladeshi	Black African
Black Caribbean	Black Other
Chinese	Indian
Pakistani	Other Asian
White	Other