Miss Poppy’s Gymnastics

Consent Form

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| Name of Gymnast |  |
| Date of Birth |  |
| Name & Address of Parent or Guardian |  |
| Email Address |  |
| Telephone Number |  |
| Mobile Number |  |
| Emergency Contact Name and Number |  |
| I agree for my child to be professionally photographed or videoed with reference to Miss Poppy’s Gymnastics, events, classes etc.(Photo’s or Video’s maybe used for advertising and use on website and Miss Poppy’s Gymnastics social media) | **Please Sign & Date** |
| I agree in a severe emergency and Miss Poppy cannot get hold of my gymnast’s parent/emergency contact and an ambulance has had to be called in a critical circumstance I give consent for the club’s welfare officer (Miss Poppy) to travel with my gymnast in the ambulance and stay with my gymnast until parent/emergency contact joins. | **Please Sign & Date** |
| Does the gymnast suffer with any of the following conditions? * Heart Problems, Headaches or Dizziness, Back Pains, Chest Pains, any injuries or pains that could stop the gymnast from taking part in any of the activities, Osteoporosis, Diabetes, Epilepsy, High or low blood pressure, Asthma, Allergies
* In the last year had any Operations, Illness or Accidents?
* On any Medication?
 | Please state-Please make sure your gymnasts’ coach is aware of any information we need to know about your gymnast’s condition. |

If you have answered yes to any of the above conditions, please speak to your gymnast’s doctor before taking part in our classes.

Data Protection

We are required to ask for your permission to share your details with third parties such as IGA- Independent Gymnastics Association. These details may contain your personal data\*. We are Also asking for your permission to store your data with Miss Poppy’s Gymnastics and continue to receive emails/contact from Miss Poppy’s Gymnastics.

The IGA- Independent Gymnastics Association - Data Protection Policy can be found on our website (<https://www.independentgymnastics.com/documentdownloads>) Miss Poppy’s Gymnastics data protection policy is in Miss Poppy’s Gymnastics policy. Please make sure you have read Miss Poppy’s Policy.

**Yes – I give consent for my information to be given to IGA & them store personal information about me / my child. I give consent for my information to be stored with Miss Poppy’s Gymnastics and I would like to continue receiving emails/contact from Miss Poppy’s Gymnastics.**

**No – I do not give consent for my information to be given to IGA & them to store personal information about me / my child.**\*\* **I do not give permission for my data to be stored with Miss Poppy’s Gymnastics and I do not want to receive emails/contact from Miss Poppy’s Gymnastics.**

|  |  |
| --- | --- |
| **Name(s) :** |  |
| **Signature:** |  | **Date** |

\*Personal Data is data which can be used to identify you. This may include your name, date of birth, address, telephone number etc.

\*\* Please note if you are not able to give permission for IGA- Independent Gymnastics Association and Miss Poppy’s Gymnastics to store your / your child’s data, this will prevent us being able to provide membership & insurance

 By Signing below, I confirm I have received a copy of the club’s policy. I have read and understood the policy. I agree with the club’s policies.

I give consent that my Son/Daughter is allowed to leave the gymnastics class without an adult picking up**. YES/NO**

I declare that the above information is correct.

 **DATE**  **SIGNED**