



Sittingbourne Swifts Gymnastics Club

Member Details

Gymnasts Name:	D.O.B:
Address:	Parents Name:
	Preferred Contact No:
	Email Address:
	School:
Emergency Contact 1 Name: Address: Home #: Mobile #: Relationship to child:	Emergency Contact 1 Name: Address: Home #: Mobile #: Relationship to child:
Medical Issues / Special Needs:	
Doctors Surgery Address:	
Doctors #:	
Additional Relevant Information:	

Items below are for Club staff to complete

Joining Date:	BGA Number:
BGA Membership Paid:	Joining Fee Paid: