

**'INCLUSIVE DISCIPLINE TASTER DAY'**  
**JUNE 24<sup>th</sup> - SPORT WALES NATIONAL CENTRE, CARDIFF**  
**REGISTRATION FORM**

This form must be returned to [maria.gaynor@welshgymnastics.org](mailto:maria.gaynor@welshgymnastics.org) by Friday, June 15<sup>th</sup> 2018

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel No: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel No: \_\_\_\_\_

T-Shirt Size (Please specify):

9-10 years, 11-12 years, 13-14 years,

Adult Small, Adult Medium,

Is there anything Welsh Gymnastics can do/provide to enable the participant to partake fully and enjoy their experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note if the participant has Down's Syndrome, an Atlantoaxial Instability (AAI) Form, signed by a doctor must be returned along with this form to Welsh Gymnastics.

I give consent for the participant to be photographed. These images may be used on the Welsh Gymnastics website or by Welsh Gymnastics on Social Media platforms.

Parent/ Guardian signature \_\_\_\_\_

Parent/ Guardian print name \_\_\_\_\_