

Booking Form

Recreational Rhythmic Gymnastics with LAGAD RG

Child's Name.....

Child's Date of Birth

Parent's Name

Parent's Address.....

Contact Numbers...../.....

Email Address (please print).....

Are there any special needs that may affect your child during this class which we should know about?

Yes No

If Yes, please provide further details.....

.....

I am booking for

(Class name)

.....

I accept that all physical activity carries a risk of injury.

Signature of parent

Date

Please sign and return this form, enclose a cheque, written out to LAGAD-RG.

N.B. Leave your form and payment in an envelope addressed to LAGAD in the external letter box at the Muswell Hill Centre, Hillfield Park, Muswell Hill, London, N10 3QJ.

With thanks,

Jessica Shenton

Director, London Academy of Gymnastics and Dance

07881 848884

