MEMBERS INFORMATION FORM 2025-2026
Autumn 1st / Autumn 2nd / Spring 1st / Spring 2nd / Summer 1st / Summer 2nd delete as appropriate

Aspire Schools Gymnastic Academy reserves the right to cancel any course, or to make alterations to the course programme should the need arise. If it becomes necessary for ASGA to cancel any classes/courses where possible paid fees will be carried over to a following term. If this does not suit full refunds will be given. No other refunds will be made. Fees must be paid in advance for each term plus a £10 insurance premium by each member in order to participate. Fee reminders are sent two weeks prior to the end of the previous term and this payment will then be due by the second week of the Gymnastic Term. Should fees be paid after this time a £5 late payment fee will be levied.

CHILD'S NAME…….....……

SCHOOL…….....…….……...CLASS……...…….

D.O.B……/……./……...AGE……

HOME ADDRESS…….……..…….

..……...…….

…….……POST CODE……...…...…….

EMAIL ADDRESS……...……...…...…….

MEDICAL CONDITIONS……...…….

……...…...…….

DOCTORS NAME & NUMBER……...…...…….

……...…...…….

EMERGENCY CONTACT DETAILS

1. NAME & MOBILE NUMBER…….…...…….

2.NAME & NUMBER…….……. …...…….

3. NAME & NUMBER……...……..

SIGNED ……...……. ……...…Parent / Guardian (by signing this form you agree to all ASGA terms listed above)

PRINT NAME.....DATE.....