



West Lothian Artistic Gymnastics Club SCIO Charity No SC043925

Email: [westlothiangymnastics@gmail.com](mailto:westlothiangymnastics@gmail.com)

[www.westlothiangymnastics.co.uk](http://www.westlothiangymnastics.co.uk)

April 2017

Dear Parent / Guardian / Carer

West Lothian Artistic Gymnastics Club (WLAGC) is delighted to announce that this year the gymnasts from preschool upwards will be invited to participate and perform at our **showcase 'The Best of The West Movie Night'**. This is an ideal opportunity for the club to showcase the fun, skills and dedication of our gymnasts in a theatre venue with access and ticket availability for all family and friends.

The shows will run on **Saturday 18 November and Sunday 19 November 2017** at the theatre in **Deans Community High School**, please put this date in your diary and further details regarding the theme and specific times of each show for the individual gymnasts will follow.

As you will be aware for the club to organise a showcase event of this magnitude for all gymnasts will require a great deal of planning and the first stage is to obtain consent and confirmation of numbers. We would kindly therefore ask that all parents download and complete the attached consent form and arrange for the fee of **£15** per gymnast to be transferred to the club account with child's name as reference. Forms can be downloaded from [www.westlothiangymnastics.co.uk](http://www.westlothiangymnastics.co.uk) or hard copies will be available, please ask in gym if you need a form.

Santander

**a/c no: 05005952**

**Sort code: 09-01-29 Ref Child's name/SHOW**

Please ensure the form is completed and returned by email with signature or in person by **20 May 2017**. If emailing completed form, please send to: [westlothiangymnastics@gmail.com](mailto:westlothiangymnastics@gmail.com)

A confirmation of returned forms and payments received will be sent via email from club and list posted in gym by **17 June** we would ask that should you have returned form and transferred payment but if your child's name is not on the list please contact [westlothiangymnastics@gmail.com](mailto:westlothiangymnastics@gmail.com)

We look forward to having as many of our fabulous gymnasts participating in what is sure to be a great event for the Club.

Should you have any questions please do not hesitate to contact us.

WLAGC Coaching and Fundraising Team



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Name of Gymnast: \_\_\_\_\_ Class Time \_\_\_\_\_

Any siblings at club \_\_\_\_\_ Class Time \_\_\_\_\_

### **Consent and conditions**

I understand that all reasonable care will be taken of my child during the activity and that he / she will be under obligation to obey all directions given and observe all rules and regulations governing the activity.

My child wishes to participate in the showcase event on 18/19 November (time, date tbc) and I will transfer the £15.00 fee for participation

My child does not wish to participate

I agree to my child being video and photographed during the event, unfortunately if this answer is no your child will be unable to participate in this event on this occasion.

### **Medical**

No, my child does not suffer from any medical conditions which require regular treatment or which could limit his / her involvement.

Yes, my child suffers from \_\_\_\_\_ details of treatment, diet or physical limitations or restrictions are given below.

I consent to any necessary or emergency medical treatment, including anaesthetic.

If my child is unfit or his / her illness is in doubt on the day of activity, I will notify the coach and decision will be made as to whether they can participate.

### **Emergency Contact**

Patient / Guardians name & Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_