



Trampoline Skills Upgrade for Cycle 5 Coaches and Cycle 6 Level 2 Coaches Course Enrolment Form

Please complete and return to:

British Gymnastics, Coach Education Department, Ford Hall, Lilleshall NSC, Newport, Shropshire. TF10 9NB
Tel: 0845 1297129 Ext 2392 Fax: 01952 822427 Email: coaching@british-gymnastics.org

Please enclose a cheque for £56 which is the fee for each module, payable to British Gymnastics, and return as soon as possible, to the above address.

Please tick the module you wish to attend :

East Mids	<input type="checkbox"/>	1st August at Benham Sports Arena, Kings Park, Northampton
South West	<input type="checkbox"/>	1st August at Strode College, Church Road, Street, Somerset
East	<input type="checkbox"/>	19th Sept at Sawston Village College SC, New Road, Sawston, Cambridge

Name:

Address:

.....

.....

..... Post Code:

Tel No: (H) Mobile:

Email address:

BG Region: Club:

Award level:

BG Membership No:

Please complete the questionnaire overleaf >>



British Gymnastics Coach Education Courses

Course Enrolment Form

Course you are enrolling for:
 Level Discipline Type of Award
 Region Date of Course

Name
Please write your name how you want it to appear on your certificate

Address

Post code

Date of Birth

Email Address
Please make sure your email address is correct as most correspondence will be via email

BG Membership Number
If applicable

To ensure that you can gain maximum benefit from the course, it is helpful for the course tutor to have available the following information:

1. Environment where you coach/intend to coach

- Club Leisure Centre
 School Other (please specify below)

2. Where applicable, Club where you coach/intend to coach

3. Please describe your experience as a participant in gymnastics

4. Please describe your experience as a coach in gymnastics

5. What are your expectations from this course?.....

6. Do you have a preferred style of learning?

- Auditory Visual
 Kinesthetic Other (please specify below)

7. Do you have any specific conditions that need special adaptation to assist you on this course?.....

8. Why do you wish to develop your coaching skills?.....

9. Emergency contact details for use during an emergency whilst you are on the course

I confirm that I am physically fit and healthy and I consider myself capable of taking part in the course and assessment activities. I confirm I have sought medical advice if appropriate. Please indicate below if you have any disability or medical condition that may require special arrangements during your course or assessment.

Print name in full

Sign **Date**

Non Member Insurance Declaration - MUST BE COMPLETED BY NON-MEMBERS

I understand that British Gymnastics has arranged liability insurance to provide indemnity to affiliated coaches (members) in respect of their activities whilst coaching. This insurance does not provide any indemnity to any coach who is not directly affiliated to British Gymnastics.

I understand that as a non member of BG participating in a Coach Education Course, it is my responsibility to ensure that I have independently arranged appropriate insurance.

Print name in full Sign Date

By submitting this enrolment form you are giving your consent to British Gymnastics to share the details on the form, where appropriate, with relevant third parties and partners involved in the delivery of Coach Education e.g. First4Sport, BG Approved Tutors, Carnegie etc.