



Kestrel Gymnastics Group

Welcome Pack

Forrester / St Augustine's Community Sports Hub, Broomhouse Road, Edinburgh, EH12 9AE
info@kestrelgymnasticsgroup.co.uk | kestrelgymnasticsgroup.co.uk

Scottish Registered Charity Number: SC045718



INTRODUCTORY LETTER TO PARENTS/GUARDIANS

Kestrel Gymnastics Group is pleased to welcome you and your child as new members of our club.

The aim of the Group is to provide a safe, effective and child friendly environment in which the members can participate in gymnastics activities under the guidance of appropriately qualified coaches. We operate an open philosophy and welcome the support of parents or guardians. Wherever possible, we will enable you to observe training sessions if it does not contravene our Health and Safety regulations. We also encourage and value parental involvement in the Group.

The members of the Group are organised into groups per their age, gender, ability, experience and individual needs. Coaches will be pleased to discuss the training programmes and the needs of your child with you at appropriate times. We provide a child-centred, coach-led programme and will endeavour to help your child develop to their optimum level of performance. Our coaches are all British Gymnastics qualified at the appropriate level and have been screened for their suitability to work with children.

A child protection coordinator has been appointed by the Committee to deal with any child protection/poor practice issues. Arrangements should be made to escort your child to and from training sessions and events. We would appreciate your child arriving and being collected promptly.

Participants are required to be appropriately dressed in gymnastics attire, but sensitive discretion within the bounds of reasonable safety, will be shown in particular circumstances.

The Group has adopted the Scottish Gymnastics Policy and Code of Practice for Child Protection, the British Gymnastics Health, Safety and Welfare Policy, and the Scottish Gymnastics Equity Policy to which all the officials, coaches, members and parents must adhere.

The annual registration fee includes membership of Scottish Gymnastics and this encompasses appropriate insurance for your child and Kestrel Group. We would be grateful if you would complete the attached registration forms and return them together, complete with any fees, to the Kestrel Treasurer.

We actively encourage parents/guardians to become involved with activities. We often need helpers during training/competitions. If you have a few spare hours weekly or monthly and would like to be involved, please complete the tear-off slip below and return it to the Secretary - Audrey Hay on info@kestrelgymnasticsgroup.co.uk in the first instance.

Kestrel Gymnastics Group

Name:		Contact Tel:	
Email Address:			
Days / Times Available:			
What would you like to help with?			
What skills, experience or qualifications do you have?			



MEMBERSHIP FEES

Membership fees are payable immediately upon joining and annually in September each year thereafter.

Kestrel Membership Fee	£15.00
SGA Membership Fee	£17.00
Total	£32.00

(Please note the full annual SGA Membership is either £17 (General) or £41 (Competitive) depending on the gymnast's membership category required.)

Payments can be made by: -

Bank Transfer -

Sort code – 800285
Account no – 00172026
Reference for payment – your child's name

WE DO NOT ACCEPT ANY CASH PAYMENTS

Please note that your place will not be confirmed until the attached membership forms are returned and membership fees have been paid

Monthly class fees should be paid by standing order on the first day of each month.

If your child is joining the club part way through the month, there will be an additional one-off payment required to cover the fees for these classes. Our treasurer will contact you to advise of any additional payment required.

Any additional training your child undertakes will need to be paid for when this is arranged.

Cancellation & Refunds:

A notice period of one calendar month is required to Kestrel and the monthly fees will not be refunded for the holiday periods or part months in the event of cancellation. The standing order/payment is required to be stopped by you on leaving the Club. Non- attendance at sessions will not be refunded unless by prior agreement with the Club and due to unforeseen circumstances.



USEFUL CONTACTS

General enquiries

info@kestrelgymnasticsgroup.co.uk

Kit enquiries

kit@kestrelgymnasticsgroup.co.uk

We ask that all Gymnasts order the Kestrel leotard within three weeks of joining the club.

The leotard and kit can be ordered on our website www.kestrelgymnasticsgroup.co.uk. Please make payment directly into the Kestrel bank account

Coaches

coach@kestrelgymnasticsgroup.co.uk

Finance queries

treasurer@kestrelgymnasticsgroup.co.uk

Fundraising

fundraising@kestrelgymnasticsgroup.co.uk

Competitions

competitions@kestrelgymnasticsgroup.co.uk

Existing membership queries

membership@kestrelgymnasticsgroup.co.uk

Display team

display@kestrelgymnasticsgroup.co.uk



SGA RULES OF REGISTRATION

Kestrel Gymnastic Group is obliged to pass on this SGA information to all new members.

General Rules of Registration



SCOTTISH GYMNASTICS ASSOCIATION – Constitution, Policies and Procedures, Data Protection Statement, Photography Statement

The above policies and procedures are available to view or download on the Scottish Gymnastics website.

Club Membership – shall be open to all clubs in Scotland who wish to participate in the regulation and administration of the various sports and competitive activities incorporating gymnastics at all levels, receive the benefits of membership and wish to have the right to vote at the General Meeting. It is a requirement of this category of membership that the club's gymnasts, office bearers, coaches, judges, technical officials and adult helpers become members of or are registered with SGA

All applicants for membership shall be required to complete the application for membership form provided by the SGA which shall be signed by the person responsible for the guarantee as defined in the Memorandum of Association. The member agrees, where the form is signed on behalf of a club, that the member signing and all the members of the club shall be deemed to be and in fact be bound by the rules of the SGA and in particular the disciplinary rules contained in Article 13 of the Articles of Association as well as accepting the policies, rules and conditions in relation to membership and the payment of fees, and generally the terms of these Articles.

PHOTOGRAPHY - All photographs/videos or other media produced at Scottish Gymnastics (SGA) events or competitions remain the property of the SGA. In affiliating to the SGA you acknowledge that any media involving images of you may from time to time be used by the SGA for promotional or other such purposes as directed by the Board of Directors. The SGA will endeavour, where reasonably practicable, to gain parental permissions for the use of images of those under the age of 18 years.

The SGA acknowledges that media produced at its events by parents, coaches or others involved in supporting SGA events/competitions may be used for personal purposes. Any media produced at an SGA event/competition cannot be distributed for commercial purposes without the express written permission of the SGA.

Our Photography guidelines are available to view or download on the SGA website.

DATA PROTECTION STATEMENT

- The information contained in our membership forms will be held in accordance with the Data Protection Act 1998.
- The data will be used for Scottish Gymnastics administration and will also be used by **sportscotland** and other relevant agencies to provide statistical reports.
- The information will be shared with the Club Secretary, Portal Administrator and Head Coach of your SGA registered club.
- The information may be held in both paper and electronic form and we will endeavour to keep your personal data safe and secure.
- Please note that by signing the application for registration form you are giving your explicit consent for the data collected about you to be recorded and used for those purposes.
- Our Data Protection Policy is available to view or download on the SGA website.



CODE OF CONDUCT DOCUMENTS FOR GYMNASTS AND PARENTS.

Please read the relevant documents attached and sign to acknowledge receipt and your agreement to abide by them. Should you have any queries regarding these please contact our secretary on info@kestrelgymnasticsgroup.co.uk before you complete your membership forms.

Should it ever be necessary, a member will be given a written warning, then a written warning after which if things have not improved, the matter will be referred to the Management Committee who have the power to suspend membership.

Along with reading these documents you are advised to read our rules and regulations which can be found on our website.



MEMBERSHIP FORM

Gymnasts details

Name DOB

Address..... Gender

..... Post Code

School Attended

Parent / Guardian Details

Home Tel No.

Mobile Tel No.

Email address

Names & Occupation

Mother

Father

Guardian.....

Discipline

Women's Artistic <input type="checkbox"/>	Men's Artistic <input type="checkbox"/>	General <input type="checkbox"/>	Team Gym <input type="checkbox"/>	Pre-School <input type="checkbox"/>	Adult <input type="checkbox"/>
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Ethnicity

White	Asian or Asian British	Black or Black British	Mixed
British <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	White & Black African <input type="checkbox"/>
Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	White & Asian <input type="checkbox"/>
	Other <input type="checkbox"/>		Other <input type="checkbox"/>
Chinese <input type="checkbox"/>	Other Ethnic Group <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

Disability

The disability discrimination act 1995 defines disability as a "physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you regard yourself as having a disability?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visual impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	Physical disability <input type="checkbox"/>	
Learning disability <input type="checkbox"/>	Multiple disability <input type="checkbox"/>	Other <input type="checkbox"/>	

Religion

Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	Other <input type="checkbox"/>
Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	None <input type="checkbox"/>
Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>



The above-named child / adult wishes to apply for membership of Kestrel Gymnastics Group and agrees to pay class fees monthly in advance.

I/We agree to abide by the rules and regulations of Kestrel Gymnastics Group and understand that any deviation from these may bring the sport of gymnastics into disrepute. This being the case we understand that we may have our membership withdrawn.

Parent / Guardian Signature

Date



CONDUCT FOR GYMNASTS

Kestrel is fully committed to safeguarding and promoting the wellbeing of all our members. As a member of Kestrel, you are expected to abide by the following club code of conduct:

1. All gymnasts must respect the decisions made by their coaches and follow the instructions given.
2. All members must respect and be supportive of fellow club members and opponents.
3. Gymnasts must keep to the agreed times for training and arrive with enough time to get changed before the class begins.
4. Gymnasts must inform their coach in advance if they are going to be late.
5. All gymnasts must wear the Kestrel uniform for competitions and events.
6. All jewellery must be removed before attend classes or events.
7. Hair must be securely tied back and must not fall over the face at any time during training or competition. You will not be allowed to train or compete otherwise.
8. Fees for classes, competitions or events must be paid by the due date.
9. Gymnasts are required to bring a water bottle with them to the gym and a pair of lightweight shoes or slipper in case they should need to go to the toilet.
10. There must be no horseplay in the gym.
11. Behaviour at events must be exemplary and the team must always stay together.
12. Gymnasts may not eat during classes without permission of the coach.
13. Gymnasts must inform their coach and senior coach of any injury or illness they may have before the warm up begins.
14. Gymnasts must respect all gym equipment and their own equipment.
15. Gymnasts must not use inappropriate or offensive language.
16. Gymnasts must not leave the training area without the consent of their coach.
17. Gymnasts must not leave the premises until collected by their parent or guardian. They must remain with their coach until collected.

I acknowledge that I have read and understand the above and agree to abide by what is written.

Signature

Date



DATA / PHOTO CONSENT FORM

Dear Parent/Guardian

From time to time photographs will be taken during an activity. On occasions, we would like to be able to display these photos at Kestrel, add them to our web site, print the photos in local newsletters or have them published in the local newspaper or event programme.

Medical data must be taken to every competition/display by the Coach, Team Manager or Committee member.

Data must be made available to the Treasurer and Child Protection Officer.

The information will only be used for Kestrel Gymnastics Group.

For us to be able to do this, we need the permission of the Parent/Guardian. We would be grateful if you would sign below to give your permission.

Many thanks,

Vivien Gourlay,
Chairperson/Senior Coach

I agree and give permission on behalf of the undernamed gymnast.

Gymnast's Name

Signature of Parent/Guardian

Print Name

Date



GYMNAST'S MEDICAL CONSENT FORM

The following information and consent is requested to ensure health and wellbeing of all members. The information contained in this form is confidential and will only be used to safe guard and promote the Gymnast's health and wellbeing should the need arise.

Name _____ Date of Birth _____

Address _____

_____ Postcode _____

Tel No Home _____ Mobile _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Number _____

Name of GP _____ Tel No _____

Surgery Address _____ Postcode _____

Blood Group (if known) _____

Please provide details of any pre-existing illness or medical condition(s) that may affect your participation as a team member:

Illness/Problem: _____

Medication details (Please include exact name of medication and method of administration):

Details of any existing injuries (include when injury occurred and the treatment received):

Details of any allergies, including allergies to medication or food:

Details of any other conditions that we should be made aware of (e.g. dyslexia):

(To be completed by the parent/guardian or legal carer for gymnasts under the age of 18, or gymnast over 18)

I _____, consent to _____
receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

I undertake to inform **Kestrel Gymnastics Group** immediately should any of the information contained in this form change.

Signature _____ Print Name _____

Relationship to under 18 years old athlete _____



MEDICAL CONSENT AND DELEGATION RESPONSIBILITY FORM

Gymnasts should nominate their next of kin, which is usually a parent or guardian in the case of an unmarried gymnast. Where a gymnast is married the next of kin is normally the spouse. Both gymnast and next of kin are requested to complete the box below.

1. Should a gymnast become ill or suffer injury while taking part in any activity organised by **Kestrel Gymnastics Group** in the UK or overseas, it may be necessary for the Team Manager to assume parental or next of kin responsibility for the gymnast. Under the supervision of the Team Manager this responsibility can extend to other officials in the delegation, acting on his/her behalf.
2. Where the gymnast requires medical treatment to include an anaesthetic/operation, the Team Manager will make every possible effort to contact the gymnast's parents/next of kin prior to that treatment. However, where the Team Manager is unable to contact the parents/next of kin or the gymnast requires emergency treatment, the Team Manager will act on behalf of the parents/next of kin and in the best interests of the gymnast considering all known information and advice at his/her disposal.
3. The gymnast should always inform the Team Manager of any medication he/she is taking and have in his/her possession that medication, if responsibility is taken over from the parent. The gymnast must always ensure that the Team Manager is aware of any allergies, dietary or medical.
4. Please complete / sign the box below
 - Nominate the gymnast's next of kin (can be parent, spouse or another nominated person)
 - Give consent for the Team Manager, or another nominated official acting on the gymnast's behalf, to assume parental or next of kin responsibility and to take responsibility for decisions regarding the medical treatment of injury/illness and consent for emergency operative treatment, including the administration of anaesthetic recommended by a doctor.
 - I have read this document and understand and agree the responsibilities and give consent to the agreements.

Gymnast's name _____ (Print full name)

Gymnast's Signature _____ (Signature)

Date _____

Next of Kin _____ (Print full name)

Relationship to gymnast _____

Next of Kin Signature _____ (Signature)

Date _____



GIFT AID DECLARATION

Details of Donor

Title..... First name(s)..... Surname.....

Home Address

.....

.....

..... Post Code.....

I want the Club to treat all donations I have made since June 2015, and all donations
From the date of this declaration until I notify you otherwise as Gift Aid donations.

Signature.....

Date.....

Notes

1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax rate that the charity reclaims on your donations in the tax year (currently 25p for every £1 you give).
2. You can cancel this declaration at any time by notifying the club.
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax the charity reclaims, you can cancel your declaration.
4. If you pay tax at the higher rate you can claim further tax relief in your Self-Assessment tax return.
5. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the club, or ask your local tax office for leaflet IR65.
6. Please notify the club if you change your name or address.



CLASS TIMES & COSTS

The table below outlines the cost per month of each class. The fees are and are calculated to take into account all holidays and training missed due to competitions and festivals and spread over 12 months so there is NO need to stop your standing order during the holiday periods.

TUE	WED	SAT	SAT	SUN	SUN	SUN	FRI
Drumbrae Leisure Centre	Drumbrae Leisure Centre	Forrester High School	Forrester High School	Forrester High School	Forrester High School	Forrester High School	Forrester High School
17:00-20:30 <i>Girls Grades & Vols</i>	17:00-20:00 <i>Girls Grades & Vols</i>	09:15-10:45 <i>Beginners 1</i>	12:30-14:45 <i>Beginners 3</i>	9:30-11:30 <i>Development</i>	11:00-14:00 <i>Intermediate</i>	14:00-15:30 <i>Young Adults Recreational</i>	16:30-18:00 <i>Junior Display</i>
		10:45-12:30 <i>Beginners 2</i>					18:00-20:30 <i>Senior Display</i>
£44.63	£44.63	£19.13	£31.88	£25.50	£38.25	£19.13	£18.00
TOTAL PAYABLE PER MONTH				£			

Please **CIRCLE** which classes your child will be attending and return the completed form.