



## Change of Gymnast details form

Please complete this form for any changes to the following:

- Change of days, class or hours a gymnast attends
- Change of competitive level. Eg: Level 4 to 5
- Change of contact details for the gymnast and parents such as phone number, address etc.
- Gymnast quitting.

**Gymnast's Name:** ..... **Date of Birth:** .....

(please tick) **Change of Class / hours:**

Previous class attending	New class attending
Class Name:	Class Name:
Hours/week:	Hours/week:
Times:	Times:

*Please note: When changing days for levels Gymnasts, the change must be approved by the program head coach for programming reasons. Head Coach Signature: .....*

(please tick) **Change of competitive level (MAG and WAG only):**

Old Level:	New Level:
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(please tick) **Change of details (eg phone, address, medical):**

Please describe: .....

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(please tick) **Gymnast quitting**

**Parent/Guardians Name:** ..... **Signature:** .....

**Date the change takes effect:** .....