**Swansea Bay Sports Park**

**Parental 14 – 15 Gym Consent Form**

Member name: ……………………………………………………….

Membership number: ……………………………………………………….

Member date of birth: ……………………………………………………….

I/We the Parent and Guardian/s of the above-named Member give consent for the Member to exercise at and make use of the gym and fitness classes at Swansea Bay Sports Park (‘the Facility/ Facilities’. I/We confirm the above Member will be accompanied by the below named Parent or Guardian/s at all times whilst the Member is at the Facility. I/We understand that during the Member’s use of the Facilities they will be treated the same as all other customers and will not have an extra level of supervision. I/We confirm that the Member and myself have read and understood the Facility Terms and Conditions and I/We will ensure that the Member will train and behave appropriately whist at the Facility. I also confirm that I/we agree have read and understand the Health Commitment Statement and it is my/our responsibility to ensure that the ember conforms to the customer led sections.

swanseabaysportspark.wales/wp-content/uploads/2021/01/SWANSEA-BAY-SPORTS-PARK-MEMBERSHIP-TCs.pdf

swanseabaysportspark.wales/wp-content/uploads/2021/01/Swansea-Bay-Sports-Park-Health-Statement.pdf

1. Parent/Guardian signature: ………………………………………………………. Date: ……..……………..
2. Parent/Guardian name: ……………………………………………………….
3. Parent/Guardian email: ……………………………………………………….
4. Parent/Guardian phone: ……………………………………………………….
5. Parent/Guardian signature: ………………………………………………………. Date: ……..……………..
6. Parent/Guardian name: ……………………………………………………….

2. Parent/Guardian email: ……………………………………………………….

2. Parent/Guardian phone: ……………………………………………………….

We will need the Member to produce proof of age when arriving for their first visit together with this document. We may feel it is necessary to contact you if we have any concerns about the member, you have provided consent for.