



**WAITING LIST INFORMATION DETAILS**

**Personal Details**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_ M / F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Which class/es do you want to enrol in?

Please circle:      **KINDY**    **KINDY REC**    **REC TRAMP**    **REC GYM**    **TUMBLING**  
                                 (18mths-3.5yrs) (3.5 -5 yrs only)    (5+ only)    (5-12 yrs only)    (5+ only)

Do you have preference on which days you would like to train?

Please circle:      **MONDAY**    **TUESDAY**    **WEDNESDAY**    **THURSDAY**    **FRIDAY**

Has your child done any gymnastics or trampoline classes before?  
If so, when and where? If you are coming from another club, please let us know.

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How did you hear about us  
Please circle:    **WORD OF MOUTH**    **ADVERT**    **INTERNET**    **OUR WEBSITE**    **GWA WEBSITE**

**OTHER**  
If other, please list here \_\_\_\_\_

Would you like to become a volunteer within our Club?    **YES / NO**

If yes, please let our administration know so that further information can be provided.

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

This information will be kept on file at the Club's premises. The personal information provided by you on this form will be used in accordance with our Privacy Policy. To obtain a copy of our Privacy Policy, enquire about any privacy issue, or make a request for access to information, please contact reception on (08) 9309 3500.