



WAITING LIST FORM

Personal Details of child:

Last Name: _____ First Name: _____

Date of Birth: _____ M / F: _____

Known Medical Conditions: _____

Email address: _____

Parents' Name: _____ Mobile No: _____

Which class/es do you want to enrol in?

Please circle preferred gymsport and preferred day below:

KINDY **KINDY REC** **REC TRAMP** **REC GYM** **TUMBLING** **PARKOUR (FREEG)**
(18mths-3.5yrs) (3.5-5 yrs) (5 yrs +) (5 yrs +) (5 yrs +) (5 yrs +)

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

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.

How did you hear about High Flyers:

Please circle: **WORD OF MOUTH** **ADVERT** **INTERNET** **OUR WEBSITE** **GWA WEBSITE** **SOCIAL MEDIA**

OTHER
If other, please list here _____

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.