

#### HOLIDAY ENROLMENT FORM

Child’s Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd child’s Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: m/f DOB:\_\_\_\_\_\_\_\_ Age:\_\_\_\_ 2nd child’s: Sex: m/f DOB:\_\_\_\_\_\_\_\_ Age:\_\_\_\_

Parents name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_p/c: \_\_\_\_\_\_\_\_\_\_\_\_ Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobiles:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Care Details:** Medicare number:\_\_\_\_\_\_\_\_\_\_\_\_

Private health insurance: yes/no fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ambulance cover: yes/no

**Sessions attending please circle choice:**

**Holiday kindy classes:** Mon/Fri\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) kindy 9am

**Holiday Club:**

 Tue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) am/pm or all day

 Wed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) am/pm or all day

 Thur \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) am/pm or all day

Please put on reverse if not enough room.

**Payment enclosed:\_\_\_\_\_\_\_\_\_ Cheque: High Flyers Trampoline & Gymnastics Academy**

**Internet banking: \_\_\_\_\_\_\_\_\_** BSB:016338 Acc num: 496395439 Please put the child's name on the details and hol club or hol class with date of booking and attach proof of payment.

**Current history**

Please provide details of any medical, physical or intellectual condition that may have a

bearing on your child’s ability, safety or behaviour in holiday session

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regular medications stating name and dosage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current sporting injuries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**Participation in gymnastics/trampoline activities carries with it a reasonable assumption of risk. By signing this document, you consent for your child/ren to participate in the activities provided by our Club.**

To the best of my knowledge, all information contained on this sheet is correct.

Signature (parent or legal guardian):………………………………………… Date:…………………………………….