



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
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:086420 Acc num: 906327886

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:.....