**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 \*CHEERLEADING PARKOUR (FREEG)**

**(18mths-3.5yrs) (3.5-5 yrs) (5 yrs +) (5 yrs +) (5 yrs +) (5 yrs +) (5 yrs +)**

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

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**

**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.