

holiday enrolment form

Personal details

Surname: _____ Given names: _____

Address: _____

Suburb: _____ p/c: _____ Home phone: _____

Business phone: _____ Mobiles: _____

E-mail: : _____

Parents name: _____ Sex: m/f DOB: _____ Age: _____

Emergency contact: Name: _____ contact number: _____

Health Care Details: Medicare number: _____

Private health insurance: yes/no fund: _____ Ambulance cover: yes/no

Sessions attending: _____

Please put on reverse if not enough room.

Payment enclosed: _____ Cheque: High Flyers Trampoline & Gymnastics Academy"

Internet banking: _____ BSB:016-338 Acc num: 4963-95439

Please put the child's name on the details and hol club 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:.....