



WAITING LIST INFORMATION DETAILS

Personal Details

Last Name: _____ First Name: _____

Address: _____

Suburb: _____ Post Code: _____ M / F _____

Date of Birth: _____ Email Address: _____

Phone (H): _____ (W) _____ (M) _____

Known Medical Conditions: _____

Which class/esdo you want to enrol in?

Please circle: **KINDY KINDY REC REC TRAMPREC GYM TUMBLING**

Do you have preference on which days you would like to train?

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

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 us?

Please circle: **INTERNET WORD OF MOUTH GWA WEBSITE ADVERTISING**

OTHER

If other, please list here _____

Would you like to become a volunteer within our Club? **YES / NO**

If yes, please let our administration know so that further information can be provided.

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.