



Leaps & Bounds

Childrens Fitness Centre

CIRCUIT ENROLMENT FORM:

Name of child 1: _____

Name of child 2(sibling): _____

Address: _____ P/Code _____

Postal Address: _____

Telephone: (h) _____ (w) _____

Date of Birth: 1/ _____ 2/ / _____

Contact Person (parent or guardian) _____

Contact Person Telephone numbers:(h) _____

(w) _____ (m) _____

Email: _____

I PREFER TO BE CONTACTED BY: (Please circle) Email SMS Phone

Doctor Name: _____ Doctor Phone: _____

Please enrol me in the KIDS FITNESS CIRCUIT Program: - Refer to timetable

Day: _____ Class reference _____

Date of Commencement: _____

Time of session: _____

Enrolment fee \$25 (includes information pack and shirt)

Payment: Cheques payable to "Leaps and Bounds Childrens Fitness Centre"

Cheque Money Order Cash Internet Deposit BSB 484 799.Acc 600383333

Amount: \$ _____

Photos

As the Parent / legal guardian of _____ (child/rens name), I

DO / DO NOT give permission for photos of my child/ren, to appear in marketing material or on the web site for Leaps & Bounds Childrens Fitness Centre.

SIGNED: _____ DATE _____

Refunds

If a child cannot attend the remainder of the term due to medical reasons a refund of the balance of the term payment can be provided less a \$15 admin fee providing notification and medical evidence is produced by the 4th week of the term. Enrolments cannot be transferred to another child or another term unless for medical reasons as approved by the coordinator. Refunds are not available for missed sessions.