

January 2012

School Holiday Program – Enrolment Form

To participate in this program Children must be aged 5-12 and be enrolled in, and have attended primary school.

For children to attend this program they must be enrolled at and attending primary school.

Child's Surname _____ Given Name _____

Male/Female Age _____ School _____ Year _____

Address _____ **Date of birth** / / _____

Suburb _____ Postcode _____ Phone _____

Mob Phone _____ Email _____

Language spoken at home _____

Parents/ Guardian Contact Details

Parent Contact 1 Name _____

Phone contact _____

Mob _____ Home _____ Work _____

Date of birth (mandatory) ____/____/____

Parent Contact 2 Name _____

Phone contact _____

Mob _____ Home _____ Work _____

Date of birth (mandatory) ____/____/____

Emergency Contact Details

Emergency Contact 1 Name _____

Phone contact _____

Mob _____ Home _____ Work _____

Emergency Contact 2 Name _____

Phone contact _____

Mob _____ Home _____ Work _____

Name of persons authorised to collect child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

Medical Details & Other Important details

Are there any conditions which require special attention we should know about, eg: hearing or sight impairments, ADD or ADHD, behaviour issues, court orders or any other?

Will your child need to take any tablets or medication during the program **YES/NO**

If your child is on medication, please complete a medication form on arrival at Active Leisure Centre

Is your child fully immunised for their age **YES / NO**

Doctor's Name _____ Phone _____

Does your child have any medical conditions/allergies that we should know about **YES / NO** If yes please provide details

Particular Activities (Please Circle)

Whilst attending our program, you consent for your child's participation in a range of general sporting and recreational activities. Are there any activities that you do not wish your child to participate in **YES / NO** if yes please provide details?

Level of swimming ability: **NON / WEAK / MODERATE / STRONG**

My child will be attending the Intensive Learn to Swim Program

Yes No On the following days _____ At the following time _____

Program Enrolment

Full day Half day

Monday 2 nd Jan 2012	Public Holiday	
Tuesday 3 rd Jan 2012		
Wednesday 4 th Jan 2012		
Thursday 5 th Jan 2012		
Friday 6 th Jan 2012		
Monday 9 th Jan 2012		
Tuesday 10 th Jan 2012		
Tuesday 24 th Jan 2012		
Thursday 12 th Jan 2012		
Friday 13 th Jan 2012		
Monday 16 th Jan 2012		
Tuesday 17 th Jan 2012		
Wednesday 18 th Jan 2012		
Thursday 19 th Jan 2012		
Friday 20 th Jan 2012		
Monday 23 rd Jan 2012		
Tuesday 24 th Jan 2012		
Wednesday 25 th Jan 2012		
Thursday 26 th Jan 2012	Public Holiday	
Friday 27 th Jan 2012		
Monday 30 th Jan 2012		
Tuesday 31 st Jan 2012		
Wednesday 1 st Feb 2012		
Thursday 2 nd Feb 2012		
Friday 3 rd Feb 2012		

PARENTS DECLARATION

I certify that I am the legal parent/guardian of _____ who has my consent to participate in the Active School Holiday Program. As a condition of acceptance of my child's enrolment, I hereby indemnify the Australian Capital Territory, its officers, servants and agents against all actions, claims, proceedings and demands in respect to any accident,

injury, illness or property loss during my child's participation in any activity associated with this enrolment. In the event of any accident, injury or illness I authorise the Australian Capital Territory, its officers, servants or agents to obtain as much medical assistance as is necessary and agree to meet all expenses incurred. **I understand that there will be no refunds unless a medical certificate is approved.**

_____/_____/_____
Signature Parent / Guardian Date

I consent for photos to be taken of my child and used for promotional materials

_____/_____/_____
Signature Parent / Guardian Date

Payment Information - NO PAYMENT NO BOOKING

Payments must be made upon booking into our program. Payments may be made by placing your details below, phoning the ALC with your credit card details, posting a cheque with your enrolment form or in person at ALC reception.

I am paying by MasterCard Visa Cheque Cash (in person only)

Name of Card _____ Signature _____

Card No:

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Expiry _____ **We require full payment at time of enrolment**

Parent/Guardian's CRN:

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Parent/Guardian's details with CRN:

Given Name: _____ Middle Name: _____ Gender

Surname: _____ Date of Birth: ____/____/____ M F

Child's CRN:

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PLEASE MAKE SURE THAT ALL INFORMATION HAS BEEN COMPLETED CORRECTLY AND SIGNED.

REMEMBER TO BRING EACH DAY:

- 1) Lunch, Morning and Afternoon Tea
- 2) A Hat and swimwear
- 3) Comfortable clothing and footwear suitable for sport

Post to Active Leisure Centre Phone: 6207 2777
PO Box 97 Fax: 6207 2702
Erindale Centre 2903 (Please phone to confirm receipt of fax)

Office Use Only Attach receipt here
Date Received: _____
Amount Paid: _____
Receipt No: _____
Date Entered: _____
Staff Name: _____