



September 2010

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.

Child's Surname \_\_\_\_\_ First Name \_\_\_\_\_

Male/Female Age \_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_

Address \_\_\_\_\_ Date of birth / /

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Phone \_\_\_\_\_

Mob Phone \_\_\_\_\_

Email \_\_\_\_\_

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. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Medical 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 etc.

\_\_\_\_\_

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? YES / NO If yes please provide details

\_\_\_\_\_

Particular Activities

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
Tuesday 28 <sup>th</sup> September 2010	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday 29 <sup>th</sup> September 2010	<input type="checkbox"/>	<input type="checkbox"/>
Thursday 30 <sup>th</sup> September 2010	<input type="checkbox"/>	<input type="checkbox"/>
Friday 1 <sup>st</sup> October 2010	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Tuesday 5 <sup>th</sup> October 2010	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday 6 <sup>th</sup> October 2010	<input type="checkbox"/>	<input type="checkbox"/>
Thursday 7 <sup>th</sup> October 2010	<input type="checkbox"/>	<input type="checkbox"/>
Friday 8 <sup>th</sup> October 2010	<input type="checkbox"/>	<input type="checkbox"/>

**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**

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry \_\_\_\_\_ **We require full payment at time of enrolment**

**Parent's CRN:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Child's CRN:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Post to Active Leisure Centre  
PO Box 97  
Erindale Centre 2903

Phone: 6207 2777  
Fax: 6207 2702  
(Please phone to confirm receipt of fax)

**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

<b>Office Use Only:</b>	
STAFF NAME: _____	
Date Entered: _____	Date Received: _____
Amount Paid: _____	Receipt Number _____
Attach receipt here:	