

Holiday Sports Program Enrolment Form

Family Details				
Surname		Parent /Guardian First Name		
Address		Post Code		
Email		Mobile		
Emergency Contact		Telephone	Relationship	
Child 1				
Name		Date of Birth	Age	Gender M / F
Will your child be participating in swimming		YES	NO	0 -1.51m deep water facility
Swimming ability	Non-swimmer	Weak swimmer	Competent	Strong
Allergies (if any)		Medial Conditions (if any)		
Behavioural Issues (if any)		Medication (if any)		
Mild	Moderate	Severe	Please rate according to information	
Is your child up to date with immunisations?		YES	NO	
Child 2				
Name		Date of Birth	Age	Gender M / F
Will your child be participating in swimming		YES	NO	0 -1.51m deep water facility
Swimming ability	Non-swimmer	Weak swimmer	Competent	Strong
Allergies (if any)		Medial Conditions (if any)		
Behavioural Issues (if any)		Medication (if any)		
Mild	Moderate	Severe	Please rate according to information	
Is your child up to date with immunisations?		YES	NO	

MEDICAL & ALLERGY POLICY

Mild - Nonlife threatening reaction/condition, not requiring medication.

Moderate – Nonlife threatening reaction/condition requiring medication.

Severe – Life threatening reaction/condition requiring medication.

Please contact the Recreation facility staff PRIOR to enrolling so we can discuss your child's special requirements.

Session Rate: **\$5.00 per child** or Weekly Session Rate: **\$15.00 per child**

Payment Method can be made by cash or credit card at time of booking.

To arrange for Payment to be debited to your credit card, please complete the following details:

Card Number: ____/____/____/____ Expiry Date: ____/____ Card Type: Visa or Master card

Cardholders Name _____ Cardholder's Signature: _____

TERMS AND CONDITIONS

The Kambalda Community & Recreation Facility and Kambalda Aquatic Facility ("Facilities") are managed by the Shire of Coolgardie ("SOC"). These are the terms and conditions of your agreement with the SOC.

PRIVACY

The Shire of Coolgardie is an organisation that respects and is considerate of the individual's right to privacy. The individual details required on this form will be used for administration purposes related to the facility or service for which it is being completed and for communicating information to you from the Facilities.

The Shire of Coolgardie will not make this information available to any third party unless it is necessary as part of the provision of this product service. By signing this form, you are providing the SOC with consent to use your individual details for such purposes.

RELEASE FROM LIABILITY/ INDEMNITY

I acknowledge and agree that during all such times my child/children are on the premises or it surrounds that both their property and their person shall be at my own risk in every respect and hereby disclaim and release the Shire of Coolgardie and every occupier thereof, all employees, volunteers and invitees to the to the full extent permitted by law whether in contract or in tort, and whether arising out of any negligence by any person or otherwise, and from all liability of any kind, which may arise in respect to any accidents or damage to property or injury to any person on the Facility premises, or it surrounds.

Consent for my child/ren to be photographed for marketing material. YES Initial ____ NO Initial ____

DECLARATION

I hereby give consent for my child/children (whose name/s appear above) to attend the Holiday Sports Program. I understand it is my responsibility to enquire of and disclose to SOC staff any circumstance which could affect my child's safety or any activities I do not wish my child to participate in. fully and adequately I understand that activities may take place in and around the Facilities. I also understand that some activities may involve a risk of personal injury and/or property damage. I accept full responsibility for my child/children's personal belongings and for my child/children's behaviour during the program.

I understand that a late collection of my child/children will incur a fee of \$50 every 10 minutes and that any changes to the collecting of my child/children will be made in writing with my consent prior to the finish time of the program.

In the event of extreme misbehaviour and illness I will be contacted and asked to collect my child/children. I understand that in the event of absence on a booked day that no refund's/credit's will be issued unless a medical certificate is produced. I hereby authorise the SOC staff to organise medical or hospital treatment is they see necessary at my expense. I have read and understand/agree to the above statements.

Parent/Guardian Signature: _____ Date: _____