

July 2015 Holiday Program Registration Form

Please print clearly and complete in full

NAME OF CHILD					
Full name:				Date of birth:	
PARENT OR GUARDIAN NAME					
Full name:					
Contact number 1:			Contact number 2:		
Address:				Postcode:	
Email address:					
EMERGENCY ADULT 2 ND CONTACT					
Full name:					
Contact number 1:			Contact number 2:		
MEDICAL INFORMATION					
Include details of any allergies, special requirements and medicine required. Please note that administering of medication is the responsibility of the parents NOT Kingsway Indoor Stadium staff. However, this information may be required in the case of an emergency .					
CHOSEN SPORTS / PROGRAMS					
Program (please tick)	Date	Day	Time	Length	Cost
Super Soccer CAMP <input type="checkbox"/>	6 th July – 7 th July	Monday - Tuesday	9:00am – 4:00pm	7 hours	\$84
Super Multisport CAMP <input type="checkbox"/>	8 th July – 9 th July	Wednesday -Thursday	9:00am – 4:00pm	7 hours	\$84
Soccer CAMP <input type="checkbox"/>	13 th July – 16 th July	Monday - Thursday	9:00am – 12:00pm	3 hours	\$72
Multisport CAMP <input type="checkbox"/>	13 th July – 15 th July	Monday - Wednesday	1:00pm – 4:00pm	3 hours	\$54
AFL CAMP 1 <input type="checkbox"/>	10 th July	Friday	9:00am – 12:00pm	3 hours	\$18
AFL CAMP 2 <input type="checkbox"/>	17 th July	Friday	9:00am – 12:00pm	3 hours	\$18
Netball CAMP 1 <input type="checkbox"/>	10 th July	Friday	1:00am – 4:00pm	3 hours	\$18
Netball CAMP 2 <input type="checkbox"/>	17 th July	Friday	1:00am – 4:00pm	3 hours	\$18
* Please note that the Stadium accepts enrolments for those aged between 5 Years 6 Months and 12 Years old. In cases where Enrolments are for children outside of this age group, management has full discretion in determining whether or not the enrolment is suitable for the program.					

Where did you hear about us?					
Word of mouth	Staff Member	Newspaper	Flyer	School	Other (please mention)

<p>TERMS & CONDITIONS</p> <p>I, _____ declare as parent / guardian that on signing this form I acknowledge and declare that the child I'm signing on behalf of will conduct their behaviour in accordance with competition/program, stadium and City of Wanneroo rules, code of conduct and standards and accept any penalties incurred for violating these rules, code of conduct and standards. I also declare that I understand that taking part in any program may expose the child I'm signing on behalf of to the possible risk of injury and that the City of Wanneroo is not liable for any injury, damages or costs incurred by that child as a result of an injury of whatsoever nature suffered during the course of play in the competition/program or in respect to that occurring on the Recreation Centre and its grounds, except to the extent of negligence by the City of Wanneroo and indemnify the City and its employees in respect thereof. I understand that by playing with an existing injury the child I am signing on behalf of may put their bodies at further risk. I acknowledge that all players play at their own risk, and that as the parent / guardian I am responsible for arranging and maintaining appropriate insurance cover. I consent to medical treatment being obtained for my child in an emergency. I declare that I will notify staff of any changes of my child's circumstances.</p> <p>SIGNATURE: _____ DATE: _____</p>

OFFICE USE ONLY					
Date Received	Receiving Staff Member	Payment Received	Details in Database	Entered in CLASS	Confirmation Email