

KINGSWAY INDOOR STADIUM
JUNIOR CLINICS REGISTRATION FORM



Please print clearly and complete in full

***MANDATORY – Please notify stadium management immediately of any changes to details**

***Name of Child:** _____ **Date of birth:** _____

***Parent or Guardian name:** _____ ***Email** _____

***Address** _____ ***Suburb** _____ ***Postcode** _____

***Contact number 1** _____ ***Contact number 2** _____

***Emergency Details** ***2nd Contact name** _____ ***Contact Number** _____

If you are signing up at Kingsway for the first time, please tell us below how you found out about us.

<input type="checkbox"/> Website	<input type="checkbox"/> Facebook / Twitter	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Stadium Notices	<input type="checkbox"/> Landsdale IGA
<input type="checkbox"/> Email	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Mail	<input type="checkbox"/> Other (Please specify):	

Medication Information - Does your child suffer from any medical conditions / allergies / injuries **YES / NO**

If **yes**, please specify: 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**

PLEASE TICK CHOSEN SPORT

Sport / Available Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Tots ABC					9:30 – 10:00am <input type="checkbox"/>		
Tots Soccer		9:30am – 10:00am <input type="checkbox"/>	4.00pm - 4.30pm <input type="checkbox"/>	9:30am – 10:00am <input type="checkbox"/>			
Tots Footy	4.00pm - 4.30pm <input type="checkbox"/>						
Fun & Games Soccer Clinic			4.30pm - 5.30pm <input type="checkbox"/>	4.30pm - 5.30pm <input type="checkbox"/>			
Future Stars Soccer Clinic			5.30pm - 6.30pm <input type="checkbox"/>				
Junior AFL Clinic	4.30pm - 5.30pm <input type="checkbox"/>						
Junior Netball Clinic		4.30pm - 5.30pm <input type="checkbox"/>					

***Parent/ Guardian Declaration (overleaf)**

***Parent/ Guardian Declaration**

- I acknowledge and declare that my child will conduct their behaviour in accordance with competition, stadium and City of Wanneroo standards and accept any penalties incurred for violating these standards.
- I understand that taking part in any clinic may expose my child to the possible risk of injury and that the City of Wanneroo is not liable for any injury, damages or costs incurred by participants as a result of an injury of whatsoever nature suffered during the course of play in the nominated clinic 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. As a 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.
- All children play at their own risk.
- I agree to take my child/ren to the designated room/court prior to commencement of the stated clinic time.
- I agree to collect my child/ren from the designated room/court immediately after the stated class time.
- I agree that my child/ren understand they are not to leave the designated room/court until I collect them.

DECLARATION

I have read and understood the terms and conditions as listed above and acknowledge that by paying for the full term there is a no refund policy, unless in exceptional circumstances at the discretion of management.

Parent / Guardian Name: _____

Signature: _____

Date: _____

Please note that for promotional reasons we may take photographs of the children during their activities. If you do not wish for your child to have their photograph taken please notify the stadium via email.

Please Contact staff for any further information

Kingsway Indoor Stadium - 130 Kingsway, Madeley, WA 6065.

Tel: (08) 9408 1920 Fax: (08) 9408 0435 Email: kingswayindoorstadium@wanneroo.wa.gov.au

OFFICE USE ONLY

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Details entered in correct CLASS: YES / NO – Staff Members Name _____