

Holiday Sports Clinic Registration Form

1. Clinic Attending (please tick) \$10 per child, per session

- | | |
|--|---|
| <input type="checkbox"/> Tuesday 14th April - Basketball | <input type="checkbox"/> Tuesday 21st April - Soccer |
| <input type="checkbox"/> Wednesday 15th April - Mixed Sports | <input type="checkbox"/> Wednesday 22nd April - Basketball |
| <input type="checkbox"/> Thursday 16th April - Soccer | <input type="checkbox"/> Thursday 23rd April - Mixed Sports |

2. Child's Details

Name Date of Birth

3. Guardian Details (emergency contact)

Name

Relationship to Child

Address Suburb

Post Code Phone No. Email

4. Medical Information

Known allergies?

☐ No ☐ Yes. Please List:

Known medical conditions?

☐ No ☐ Yes. Please List:

5. Declaration and Signature

I declare that the information provided by me on this form is true and correct.

- ☐ I understand that injuries may occur and that my child participates at their own risk.
- ☐ I understand full payment of fees must be made before the booking is secured.
- ☐ I consent to my child being photographed or filmed by authorised personnel?
During any given session, photographs and / or video footage may be taken of the participant for the purpose of YMCA promotion. Our Centre's Duty of Care ensures that children's safety and privacy is of the highest priority at all times.
- ☐ I have read and understand the above registration and agree to the program rules.
- A parent or guardian is required to stay on site for the duration of the class and is responsible for the child's needs outside of the lesson.
 - Children with infectious conditions cannot be accepted into the class, such conditions include: chicken pox, mumps, measles, conjunctivitis, diarrhea, vomiting and head lice.
 - If you child/children's medical condition changes and impacts on your child's participation in the class you are required to let us know.
 - In case of an accident, I give permission for Marion Leisure and Fitness Centre staff to administer first aid to my child.

Parent/
Guardian Signature Date

Office Use Only

Amount (\$)