

VACFUN

ENROLMENT FORM

JULY 2021

Name: _____ D.O.B.: _____ M/F
 Name: _____ D.O.B.: _____ M/F
 Name: _____ D.O.B.: _____ M/F

Name of Parent/Guardian: _____

Address: _____ Suburb _____ P/C _____

Email: _____

Phone: _____

Alternative/Emergency Contact:

Name: _____ Phone: _____

Does your child have any medical conditions/special needs? Yes/No
*If yes, please complete a **Medical Form** available from reception.*

Do you agree to your child/ren's photo being taken and used for promotional/marketing purposes in print form and/or on the website and social media sites? Yes/No

WEEK 1			WEEK 2		
DATE	TIME	PD	DATE	TIME	PD
05/07/2021			12/07/2021		
06/07/2021			13/07/2021		
07/07/2021			14/07/2021		
08/07/2021			15/07/2021		
09/07/2021			16/07/2021		

Waiver & Declaration

I, the undersigned, approve of the enrolment and agree to abide by the rules and conditions of the Vacfun program and meet any costs. I authorize you in the event of any unforeseen accidents or illness to obtain such medical assistance as is required and agree to meet expenses attached hereto.

I also accept full responsibility for my child's belongings whilst attending the program. I fully understand that if my child/children continuously misbehave I will be notified, and my child/children may be removed from the program.

I, the undersigned agree that neither the Blackwood Community Recreation Association Inc. nor its employees and agents will be liable for any losses, damages and/or injury incurred and/or sustained by the above child/children in attending the school holiday workshops.

I, the undersigned acknowledge the workshops may use the oval alongside the Recreation Centre and the Blackwood Primary playground area. I allow my child/children to venture to the oval and playground under supervision within the guidelines of the workshop. I will supply the sunscreen, hat and adequate protection from the elements as required.

Signature: _____

Date: __/__/__

OFFICE USE ONLY

PAID:

Date:

Staff:

Date:

Staff:

Date:

Staff:

ENTERED ON ROLL:

Date:

Staff:

Date:

Staff:

Date:

Staff:

ENTERED ON DATABASE:

Date:

Staff:

Date:

Staff:

Date:

Staff:

CASH REGISTER VALIDATIONS