VACFUN
ENROLMENT FORM
OCTOBER 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
27/09/2021			04/10/2021	PUBLIC HOLIDAY	
28/09/2021			05/10/2021		
29/09/2021			06/10/2021		
30/09/2021			07/10/2021		
01/10/2021			08/10/2021		

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 obtains 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 WELLNESS:

Date: ………………………………   Staff: …………………………………….
Date: ………………………………   Staff: …………………………………….
Date: ………………………………   Staff: …………………………………….

CASH REGISTER VALIDATIONS