

WORKSHOP 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	No Workshop		05/10/2021		
29/09/2021			06/10/2021		
30/09/2021			07/10/2021		
01/10/2021			08/10/2021	No Workshop	

Waiver & Declaration

I, the undersigned, approve of the enrolment and agree to abide by the rules and conditions of the Workshop 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 WELLNESS:

Date:

Staff:

Date:

Staff:

Date:

Staff:

CASH REGISTER VALIDATIONS