**VACFUN**

ENROLMENT FORM

JULY 2022

**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 |
| 11/07/2022 |  |  | 18/07/2022 |  |  |
| 12/07/2022 |  |  | 19/07/2022 |  |  |
| 13/07/2022 |  |  | 20/07/2022 |  |  |
| 14/07/2022 |  |  | 21/07/2022 |  |  |
| 15/07/2022 |  |  | 22/07/2022 |  |  |

**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 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**