

## HOLIDAY PROGRAM REGISTRATION FORM

MEMBER DETAILS	
Full Name:	Date of Birth:        /        /
Phone (H) :	Mobile:
Current Address:	
Suburb:	Post Code:
Email:	
EMERGENCY CONTACT	
Name:	Phone/Mobile:
Address:	
Suburb:	Post Code:
Relationship to Member:	Email:
MEDICAL INFORMATION	
Medicare Number:	
Private Health Fund: (if applicable)	Membership Number:
Ambulance Cover: <b>[YES / NO]</b>	
Present Medical Condition Or Injuries:	
IS THE APPLICANT ALLERGIC TO ANY MEDICATION? <b>[YES / NO]</b> (Give details if <b>YES</b> )	
DOES THE APPLICANT SUFFER FROM DIABETES, HEART, ASTHMA, EPILEPSY OR OTHER CONDITION WE SHOULD BE AWARE OF? <b>[YES / NO]</b> (Give details and medication if applicable)	
DOES THE APPLICANT HAVE ANY ALLERGIES to FOOD? <b>[YES / NO]</b> (Give details if <b>YES</b> )	
DOES THE APPLICANT HAVE ANY OTHER DISABILITIES THAT MIGHT LIMIT FULL PARTICIPATION IN ACTIVITIES? <b>[YES / NO]</b> (Give details if <b>YES</b> )	
HOLIDAY PROGRAM DETAILS:	
MON: Football    [        15 <sup>th</sup> Jan <input type="checkbox"/> ; 22 <sup>nd</sup> Jan <input type="checkbox"/> ]	THUR: Arts        [11 <sup>th</sup> Jan <input type="checkbox"/> ; 18 <sup>th</sup> Jan <input type="checkbox"/> ; 25 <sup>th</sup> Jan <input type="checkbox"/> ]
TUE: Hip-hop     [9 <sup>th</sup> Jan <input type="checkbox"/> ; 16 <sup>th</sup> Jan <input type="checkbox"/> ; 23 <sup>rd</sup> Jan <input type="checkbox"/> ]	FRI: KIDS YOGA   [12 <sup>th</sup> , Jan <input type="checkbox"/> ; 19 <sup>th</sup> Jan <input type="checkbox"/> ; 26 <sup>th</sup> Jan <input type="checkbox"/> ]
WED: Badminton [10 <sup>th</sup> Jan <input type="checkbox"/> ; 17 <sup>th</sup> Jan <input type="checkbox"/> ; 24 <sup>th</sup> Jan <input type="checkbox"/> ]	
PAYMENT DETAILS	
<b>Payments may be made by Cash at counter, or EFTpos/Online Transfer at time of Registration</b> <b>Bank Details:</b> Direct Credit to <b>Hills Start Pty Ltd</b> <b>BSB: 012241, Account: 303930918</b> <b>Please use member name as reference</b>	
ADMINISTRATION USE ONLY:	
FEE TYPE: <b>Registration Fee</b> FEE AMMOUNT RECEIVED: _____ OPERATOR: _____ REGISTRATION DATE: _____ REGISTERED CLASS DAY/TIME: _____	
PLEASE READ AND SIGN TERM & CONDITION ON REVERSE	

## TERM & CONDITIONS

**PAYMENT: I agree to:  YES /  NO**

Pay all fees by due dates. I understand that I/my child will not be able to attend the class until all fees have been paid.

**CANCELLATION & REFUNDS:  YES /  NO**

Hills Start does not accept responsibility for participants' nonattendance of classes due to illness, changes in personal circumstances or other commitments during the term. ***Please make your enrolment decisions carefully.***

If an individual class is cancelled due to instructor illness, emergency situations or a venue problem, we will encourage participants to take a make-up class. If this is not suitable for the participant, a credit or refund for that session will be offered.

**PHOTOGRAPHY/MEDIA:  YES /  NO**

I agree to allow Hills Start Sports Education Centre to use photographs/video footage that may be taken of me/my child during the games/competitions. I understand that these images/video footage may be displayed on website, newspaper, magazine, media interviews and poster or training purposes or other club/organization site.

**MEDICAL CONSENT:  YES /  NO**

If an injury occurs, either prior to or during class, it is the responsibility of the student/parent to notify the instructor of such injury if not already discovered by the instructor.

Any injury/illness that may restrict a student from participation is also to be reported to the instructor.

The parent or guardian agrees to accept full responsibility for any injury sustained by themselves or their child while attending classes, for an injury to their child or children in the waiting areas, and for any loss or damage of property.

Due to the nature of activities/programs, some physical contact may be necessary by an instructor to demonstrate exercises or techniques during class or if there is need to administer first aid.

It is recommended that students, although injured or ill (unless contagious) attend classes for viewing purposes.

Each class instructor carries an updated master list of student details including medical information, emergency contacts and other important information needed in an emergency.

If a student suffers any trauma through injury, accident or other circumstance, an immediate risk assessment will be done assessing whether an ambulance will need to be called, the parent will be contacted after this occurs. If the parent is unavailable on the contact numbers provided we will then contact the emergency contact listed on the enrolment form.

Any injuries or minor first aid will be communicated to the parent after class by the instructor if occurred.

## SIGNITURES:

***I confirm that all information provided is true and correct and that I have read and agree to the above***

SIGNITURE OF MEMBER/PARENTS/GUARDIAN:

DATE: