

Family enrolment form

Complete form in BLOCK LETTERS

Participant information

				Emergency use only	
First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Medicare number	Valid till
<input type="text"/>	<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>
First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Medicare number	Valid till
<input type="text"/>	<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>
First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Medicare number	Valid till
<input type="text"/>	<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>
First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Medicare number	Valid till
<input type="text"/>	<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>
First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Medicare number	Valid till
<input type="text"/>	<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>

Postal address Postcode

Email

Home phone Mobile phone Work phone

If a child is attending without their parent/guardian, please complete the non-attending parent/guardian form, available on request or download from www.dsr.nsw.gov.au

Program information

Program name Centre name Date from / / Date to / /

Contact details of person/organisation paying

First name Last name Email address

Relationship to participants Parent Guardian Grandparent Family member Case worker Organisation name (if applicable)

Address Postcode

Home phone Mobile phone Work phone Fax

Preferred method of contact Email Post Fax

Payment method (please choose one payment option below and complete the details)

Program fee + Equipment + Optional fee(s) + Transport fee(s) = Total

1 Credit card

Please charge \$ to my credit card: Visa Mastercard

Cardholder name Expiry date /

Signature Date / /

2 Payment made over the phone

3 Cheque Cheque/money order payable to 'NSW Sport and Recreation' is enclosed

4 Purchase order Purchase order attached Yes No

Purchase order number

Client ID number

Health details and related information

Please identify participants who are non-swimmers or have conditions such as allergies, diabetes, epilepsy, asthma, a current illness, a disability/chronic illness, pregnancy.

Name of participant

Condition

Name of participant

Condition

Name of participant

Condition

Special requirements and dietary needs

Please identify any special needs or requirements not listed above eg. diet, wheelchair access etc.

Further information

How many participants are of Aboriginal or Torres Strait Islander descent? (For statistical purposes only)

Are any participants from a culturally or linguistically diverse background or community? (For statistical purposes only) Yes No

Where did you find out about this program? Please tick one only

- Newspaper Brochure Radio Friend Internet
 TV School Shopping centre promotion Poster
 Other _____

Disclaimer

Please note

- The fee must accompany the enrolment, otherwise the enrolment will not be accepted.
- Enrolment is necessary prior to the commencement of the program to secure your place.
- A receipt confirming the details of your booking will be issued after payment has been received.

Privacy statement

The NSW Department of the Arts, Sport and Recreation (DASR) of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for the program. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to DASR can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

Refunds and cancellations

Requests for refunds must be made within seven (7) working days prior to the commencement of the program in which you are enrolled. All requests must be made in writing. All refunds are subject to an administration fee of 20 per cent of the total program fee. Refunds will not be given for partial attendance, nor will make up lessons be provided. Refunds will be paid at the completion of the program. DASR reserves the right to cancel any program/s. Every effort will be made to give reasonable notice to those who have enrolled when a program is cancelled. Those enrolled will be given a full refund.

Media consent

Please tick whichever applies to you:

- I consent / I do not consent to allow DASR to use my family's/my ward's name and any photographs, sound and film recordings taken of my family/my ward at this program for the promotion of DASR's services and initiatives to the media and to the general public.

Full name (print)

Signature

Date

Risk waiver

I wish to attend/I agree to my child's/ward's attendance of the above mentioned program.

In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for me/my child/ward to receive such medical or surgical treatment as may be deemed necessary.

I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am/my child/ward is enrolled in the program.

I understand that although DASR and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program.

All participants over 18 years need to sign below. Parent/guardian attending signs on behalf of myself and participants under 18 years.

Full name (print) on behalf of (please tick) myself my child/ward

Signature

Date

Full name (print) on behalf of (please tick) myself my child/ward

Signature

Date

Full name (print) on behalf of (please tick) myself my child/ward

Signature

Date

Returning this form

If you wish to book more than one program, please photocopy this form.

Jindabyne Sport and Recreation Centre, PO Box 514, Jindabyne NSW 2627
or fax to (02) 6456 2917

13 13 02
www.dsr.nsw.gov.au

