



## Health details and related information

Please identify participants who are non-swimmers or have medical conditions including 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.

---

---

---

## Optional 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  Word of mouth  Website  
 TV  Newsletter  Promotional stand  Poster  Email  
 Other \_\_\_\_\_

## Disclaimer

### Please note

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

### Privacy statement

The Department of Education and Communities of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you voluntarily provide to enable processing of enrolments for the program. The information will be provided to relevant staff and be provided to medical professionals where necessary. You consent to these disclosures. 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 the Department of Education and Communities can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

I do not wish to receive promotional information about this service offered by Sport and Recreation.

### Refunds

1. If a booking is cancelled and a request for a refund is made, the request must be received in writing.
2. For cancellations made 60 days or more prior to the program commencement a refund will be given less an administration fee of 25% of the total program fee (including GST).
3. For cancellations made between 30 and 60 days prior to the program commencement a refund will be given less a cancellation fee of 50% of the total program fee (including GST).
4. For cancellations made less than 30 days prior to the program commencement a refund will be given less a cancellation fee of 75% of the total program fee (including GST).
5. Refunds will not be given for partial attendance.
6. Refunds will be paid at the completion of the program.

Sport and Recreation 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 the NSW Government to use my family's/my ward's photograph, sound and film recordings taken of my family/my ward at this program for the promotion of NSW Government services and initiatives to the media and to the general public.

Full name (print)

Signature

Date

## Risk warning

I agree to, and/or I agree for my child/ward to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorize the Department of Education and Communities, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for 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 my child/ward is attending the Centre/ enrolled in the program.

I understand that although the Department of Education and Communities, Sport and Recreation 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 at the Centre/as part of the program and I accept that risk.

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

### For more information

call 13 13 02 or visit [www.dsr.nsw.gov.au](http://www.dsr.nsw.gov.au)



Office of  
Communities  
Sport & Recreation