

# Child enrolment form

Complete form in BLOCK LETTERS

## Participant information

First name <input type="text"/>	Last name <input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	School grade <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Address <input type="text"/>					Postcode <input type="text"/>

## Program information

Program name <input type="text"/>	Centre name <input type="text"/>
Date from <input type="text"/> / <input type="text"/> / <input type="text"/>	Date to <input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Travel required</b> (If applicable)	Pick up point <input type="text"/>
Forward <input type="checkbox"/> Yes <input type="checkbox"/> No	Drop off point <input type="text"/>
Return <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contact 13 13 02 or www.dsr.nsw.gov.au for designated pick up/drop off points

## Parent/guardian contact details

First name <input type="text"/>	Last name <input type="text"/>	Email address <input type="text"/>
Address <input type="text"/>		Postcode <input type="text"/>

Preferred method of contact  Email  Post  Fax

Please indicate a 24 hour phone contact for the duration of camp.

Home phone <input type="text"/>	Mobile phone <input type="text"/>	Work phone <input type="text"/>	Fax <input type="text"/>
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Relationship to participant

 Parent  Guardian  Grandparent  Family member  Case worker

Organisation name (if applicable)

Is this booking for a child being referred by the Department of Community Services or similar agency?

 Yes  No

If yes, have you read the Agency's guidelines on the placement of children into holiday programs?

 Yes  No

## Contact details of person/organisation paying (if different from above)

First name <input type="text"/>	Last name <input type="text"/>	Email address <input type="text"/>
Address <input type="text"/>		Postcode <input type="text"/>

Please indicate a 24 hour contact for the duration of camp.

Home phone <input type="text"/>	Mobile phone <input type="text"/>	Work phone <input type="text"/>	Fax <input type="text"/>
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Relationship to participant

 Parent  Guardian  Grandparent  Family member  Case worker

Organisation name (if applicable)

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

Program fee <input type="text"/>	+	Equipment <input type="text"/>	+	Optional fee(s) <input type="text"/>	+	Transport fee(s) <input type="text"/>	=	Total <input type="text"/>
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### 1 Credit card

Please charge \$  to my credit card:  Visa  Mastercard

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder name

Expiry date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 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

## Further information

Is the child of Aboriginal or Torres Strait Islander descent? (For statistical purposes only)

 Yes  No

Are one/both the parents 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

 Shopping centre promotion  Poster  Internet  Newspaper  Brochure  TV  Radio  Friends  School

## Health details and related information

Does the participant suffer from the following? (if yes to one or more, please attach details as required)

 A current illness  A disability/chronic illness  Any allergic condition  Asthma (include asthma plan)  Bed wetting

 Attention deficit disorder (ADD/ADHD)  Behavioural problems  Diabetes  Epilepsy  Sleep walking  Skin condition
 Other

**Health details continued**

Participant's name  Medicare number  Position on card  Valid till  / /

Swimming ability  Strong – 50 metres unaided  Average – 25 metres unaided  Poor – 10 metres unaided  Non-swimmer

**Current medication**

Name	Time and dosage – please specify exact time of medication (attach details as required)									
	Breakfast		Lunch		Dinner		Before bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
eg. Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		

Notes: 1. Scheduled medication must be provided in the original container (as required by legislation).  
2. Staff will collect, supervise and register the taking of all medication.

**Special requirements and dietary needs**

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

  
  


Has he/she had the Combined Diptheria Tetanus Toxoid booster injection?

Yes  No Year \_\_\_\_\_

Has he/she been immunised against measles?

Yes  No Year \_\_\_\_\_

**Previous experience**

Was the child involved in the decision to come to camp?  Yes  No

How does the child view coming to camp? \_\_\_\_\_

If the child is reluctant, what are his/her concerns? \_\_\_\_\_

Has the child attended any previous overnight camps?  Yes  No

If Yes, please comment on their experience \_\_\_\_\_

Is the child prone to:  Homesickness  Running away  Smoking

Please add any further comments on the above \_\_\_\_\_

Is there any other information that you can provide that can assist in making their time more comfortable? (Please attach details as required)

  

**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.

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.

**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

**Risk waiver and media consent**

a) I agree to my child's/ward's attendance at the program noted above. In the case of an emergency, I authorise the program 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 enrolled with 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, and

b) Please tick whichever applies to you

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

Full name (print)  Parent  Guardian (please tick)

Signature

Date

 / /
