

# Child enrolment form

Complete form in BLOCK LETTERS

## Participant information

First name  Last name   Ski  First timer  Male  Female  Snowboard  Standard  Female  Date of birth  /  /

Address  Postcode

## Program information

Program name  Centre name

Date from  /  /  Date to  /  /

**Travel required** (If applicable)  Yes  No  No  No

Forward  Yes  No Drop off point

Return  Yes  No  No

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

## Parent/guardian contact details

First name  Last name  Email address

Address  Postcode

Preferred method of contact  Email  Post  Fax

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

Home phone  Mobile phone  Work phone  Fax

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  Last name  Email address

Address  Postcode

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

Home phone  Mobile phone  Work phone  Fax

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  + Ski clothing  + 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

## 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  Newspaper  Brochure  TV  Radio  Friends  School

Shopping centre promotion  Poster  Internet  Others

## 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

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										
Time and dosage – please specify exact time of medication (attach details as required)										
	Breakfast		Lunch		Dinner		Before bed		Other	
Name	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 Diphtheria 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 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.

#### Booking terms and conditions

- A 25% deposit must accompany the enrolment form for bookings made more than 60 days prior to the program commencing otherwise the enrolment will not be accepted.
- Balance of the full fee for the program is required 60 days or more prior to the program commencing.
- Payment of the full fee for the program must accompany the enrolment form for bookings made within 60 days of the program commencing 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.

#### Refunds

- If a booking is cancelled and a request for a refund is made, the request must be received in writing.
- 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).
- 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).
- 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).
- Refunds will not be given for partial attendance.
- 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.

### Risk warning and media consent

a) 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.

b) Please tick whichever applies to you:

I consent /  I do not consent to allow the NSW Government to use any photographs, sound and film recordings taken of my child/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)  Parent  Guardian (please tick)

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Signature

Date

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#### 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