

Adult enrolment form

Complete form in BLOCK LETTERS

Participant information

First name	Last name	Preferred name	Male	Female	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Postal address					Postcode
<input type="text"/>					
Email					
<input type="text"/>					
Home phone	Mobile phone	Work phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

Program information

Program name	Program number	Venue	Date from	Date to
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

First name	Last name	Preferred name	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to participant			Organisation name (if applicable)
<input type="checkbox"/> Parent	<input type="checkbox"/> Friend	<input type="checkbox"/> Family member	<input type="checkbox"/> Case worker
<input type="text"/>			
Address			Postcode
<input type="text"/>			
Home phone	Mobile phone	Work phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred method of contact			
<input type="checkbox"/> Email	<input type="checkbox"/> Post	<input type="checkbox"/> Fax	

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

Program fee	Other (please specify)	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tick

- 1 **Payment made over the phone**
- 2 **Cheque**
Cheque or money order payable to 'Sport and Recreation' is enclosed
- 3 **Purchase order** Purchase order number Client ID number Purchase order attached Yes No
- 4 **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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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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Expiry date	Cardholder name
<input type="text"/> / <input type="text"/>	<input type="text"/>

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

Medical information

Do you have any medical conditions including allergies, diabetes, epilepsy, asthma, a current illness, a disability/chronic illness, pregnancy? Yes No
If Yes, please give details

<input type="text"/>		
Medicare number	Valid until	Position on card
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Next of kin name	Next of kin phone contact number	
<input type="text"/>	<input type="text"/>	

Special requirements and dietary needs

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

Optional information

Are you of Aboriginal or Torres Strait Islander descent? (For statistical purposes only) Yes No

Are you 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 TV
 Newsletter Promotional stand Poster Website 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 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. 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.

Returning this form

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

Please return to:
Client Service Centre
Locked Bag 1422, Silverwater NSW 2128 or fax to (02) 9006 3888.

Risk warning and media consent

- a) I agree to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Department of Education and Communities, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for me 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 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 photograph, sound and film recordings taken of myself at this program for the promotion of NSW Government services and initiatives to the media and to the general public.

Name (print)

Signature

Date

For more information

call 13 13 02 or visit www.dsr.nsw.gov.au

