



SMASH & SPLASH HOLIDAY PROGRAM ENROLMENT DETAILS FORM:

All information on this form must be given in full

The following information is confidential. Please ensure that you notify us of any changes of address or phone numbers.

Date: ___/___/___

CHILD/RENS DETAILS:

Surname	Given Name	D.O.B	Age	Male/Female
1.				
2.				
3.				

SWIMMING ABILITY

Please write swimming level of each child as accurately as possible:

Swimming level:

Can swim in deep water: Yes / No

LANGUAGE SPOKEN AT HOME

Is the language spoken at home other than English: - if so what language:_____

COURT ORDERS

Are there any Family Court orders relating to the powers, duties or responsibilities affecting custody of, or access to the child/ren? YES / NO

If yes, please give details and a copy must be provided:

EMERGENCY CONTACT

(Name of 2 people who are authorised to collect and care for the child if the parent/guardian is unavailable to be contacted in the event of any accident, injury, trauma or illness of the child)

1. Full Name: _____ (r/ship)_____

Address: _____

Phone: (work)_____ (home)_____ (mobile)_____

2. Full Name: _____ (r/ship)_____

Address: _____

Phone: (work)_____ (home)_____ (mobile)_____

MEDICAL INFORMATION

Are there any medical or physical conditions from which your child suffers that need to be brought to the attention of the Supervisor? Does your child have any special needs? Do we need to pay attention to any particular need or behavior? Any management procedure to be attached, please give details:

We regret that we are unable to care for **sick children** or children with **contagious illnesses**.
PLEASE NOTE: If your children are on any medication you will need to complete an '**Authority to Give Medication Form**'.

Is your child up to date on immunisations? YES OR NO

ALLERGIES

Does your child/ren suffer from any allergies? **Yes / No**

Has your child/ren been diagnosed at risk of **Anaphylaxis Yes/No**

If yes to either or both,

Does your child/ren have an auto injection device (EpiPen)? **Yes/No**

What is the child/ren allergic to? _____

What are the triggers? _____

If the child suffers from Anaphylaxis you must fill in '**CC SF 30 Anaphylaxis Emergency Action Plan**' or an **action plan provided by your doctor** to ensure that the centre has the best chance of responding to your child in an emergency

Does your child/ren suffer from Asthma? **Yes/No**

Have you attached an Asthma Action Plan? **Yes/No**

DIETARY RESTRICTIONS/SENSITIVITIES

Please provide details of any dietary restrictions/sensitivities for any child

AUTHORISATION TO COLLECT YOUR CHILD/REN

In order that staff know exactly who is authorised to collect your child/ren from the **Ferny Hills Pool/ Ferny Grove Aqua Park** please complete the following.

Please note that we will not (under any circumstances) allow any person to collect your child/ren other than those listed below. Alternate arrangements will only apply where proper notification from you in writing is received on that particular day. Please include parent's names on the list.

1. Name of person: _____ Relationship: _____

PARENT'S SIGNATURE: _____

Pure Tennis Ferny Hills SMASH & SPLASH ENROLMENT DETAILS FORM:

Conditions

By enrolling my child/ren in the **Smash & Splash School Holiday Camp**, I agree to the following conditions:

1. Leaders of the **Ferny Hills Pool & Pure Tennis Ferny Hills** Smash & Splash School Holiday Camp who hold a current drivers license are authorised to drive children in the Pure Tennis Ferny Hills Dodge Journeys 338 RRS and/or Volvo X60 354 SIS (with children under 7 set up with a booster seat) from the Tennis Centre to the Ferny Hills Pool and Aqua Park as outlined in the brochure.
2. I hereby agree that for excursions that are within walking distance from the centre the Vacation Care Leaders have permission to escort/walk my child/ren to and from the venue.
3. Although every care will be taken, **Ferny Hills Pool & Pure Tennis Ferny Hills** Staff and Program Leaders are free from all responsibility for accidents or loss of property in connection with any child's participation.
4. **Pure Tennis Ferny Hills** reserves the right to suspend or expel children from the Vacation Care Program for misbehavior that is deemed inappropriate. NOTE: in the event of suspension or expulsion from the Program, it is the parents' responsibility to have the child collected immediately. No monies will be refunded for days paid for the remainder of that week following suspension or expulsion from the Program.
5. **Pure Tennis Ferny Hills** reserves the right to refuse any person entry to the Smash & Splash School Holiday Camp as decided by **Ferny Hills Pool & Pure Tennis Ferny Hills** Management.
6. I hereby agree to my child being recorded in centre for security purposes only.
7. I hereby **agree/disagree** to photo's of my child/ren being taken during the program for advertising and centre purposes. **(please circle your preference)**

Authorisation

In the event of an accident or illness suffered by my child/ren, I understand that the organisers of the **Pure Tennis Ferny Hills** Smash & Splash School Holiday Camp will try their best to contact me (the parents/guardian). When it is impractical or impossible to communicate with me (the parent/guardian), I authorise the organisers of **Pure Tennis Ferny Hills** Smash & Splash School Holiday Camp to obtain on my behalf, such medical or surgical treatment as may be deemed necessary and in the best interest of the child/ren. I also agree to pay all expense associated with the treatment given to my child/ward.

Declaration

I declare that the information above is complete and accurate, and I have read, understood and agree to the conditions outlined above.

I understand and agree that all times my child/ren shall be at my own risk and I will not hold FHTC Pty Ltd or its staff liable for any personal injury which may result to my child or loss of property except for any liability by FHTC Pty Ltd if it fails to render its services with due care and skill or supplies any material in connection with those services which is not reasonably fit for the purpose for which they are supplied.

Parent sign: _____ **Date:** ____/____/____

Print Name: _____