



Enrolment Form

Child 1 Name: _____ Date of Birth: _____ Age: _____

School Attending: _____

Child 2 Name: _____ Date of Birth: _____ Age: _____

School Attending: _____

Child 3 Name: _____ Date of Birth: _____ Age: _____

School Attending: _____

Address: _____

Suburb _____ Postcode: _____

Parent/Guardian's Name: _____

Work Number: _____ Home Number: _____

Mobile Number: _____ Email Address: _____

Emergency information:

Name: _____ Relationship: _____

Work Number: _____ Home Number: _____

Mobile Number: _____

Medical Conditions: (Allergies, Asthma, epilepsy, disabilities, heart conditions etc.)

Medications: _____

Child can swim 25m: Yes _____ No _____

Policy: I hereby give consent for my child/children (whose name/names appear above) to attend the BlueFit Holiday Activities Program. I understand that it is my responsibility to fully and adequately enquire of and to disclose to BlueFit staff, any circumstances which could affect my child's safety or any activities I do not wish my child to participate in. I understand that activities may take place within the Lane Cove Aquatic Centre and at other sites. I also understand that some activities involve a risk of personal injury and/or property damage. I understand that BlueFit will not be responsible for any accident/loss of injury suffered by my child during the course of activity. I hereby authorise the staff at BlueFit to organise medical or hospital treatment as they see necessary, at my expense. During all such times that you or your child is on BlueFit premises both your property and your person shall be at your own risk and you will not hold BlueFit or its staff liable for any personal injury or loss of property whether caused by the negligence of BlueFit, its servants or agents. We strongly advise your child not to bring valuables to BlueFit. You hereby indemnify and shall keep indemnified BlueFit from any liability for all actions, suits, claims, accounts and demand for any personal injury or loss of property arising or in any way connected with your use of the facilities (in such claims) including any such claims caused or contributed to but the negligence of BlueFit, its servants or agents. You provide the aforementioned indemnity with the knowledge of and in recognition of the possibility of injury or other dangers connected with any form of physical activity including activity undertaken in The Lane Cove Aquatic Leisure Centre and on any outside activity they undertake.

Signature: _____ **Date:** _____

(Parent or Legal Guardian)

Please return forms to 2 Little St Lane Cove 2066 or post to PO Box 448 Lane Cove NSW 1595 (Attention Kids Club)

Lane Cove Aquatic Leisure Centre/2 Little St Lane Cove 2066/ 0413772566

Booking details:

Week: Tuesday 6th April – 9th April 2010

Week: Monday 12th April- 16th April 2010

Payment details:

- Full week 1- \$230 (discount of \$20)
- Full week 2- \$255 (discount of \$40)
- There is a 10% discount available for additional siblings
- An additional \$15 per day for child minding from (3.30pm till 6pm sharp)

Calculate your payment and fill in the blanks or circle your options:

Date	Cost per Child	No. Of Children	After Care (\$15)	Cost
Tuesday 6 th April	\$55		Y/N	
Wednesday 7 th April	\$55		Y/N	
Thursday 8 th April	\$65		Y/N	
Friday 9 st April	\$55		Y/N	
Full week	\$210		Y/N (\$60)	



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			Total Cost	
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Date	Cost per Child	No. Of Children	After Care (\$15)	Cost
Monday 12 th April	\$55		Y/N	
Tuesday 13 th April	\$65		Y/N	
Wednesday 14 th April	\$55		Y/N	
Thursday 15 th April	\$65		Y/N	
Friday 16 th April	\$55		Y/N	
Full week	\$255		Y/N (\$75)	
			Total Cost	

Full payment must be made at the time of booking. Please circle payment option:

Visa
 MasterCard
 Amex
 Cash
 Cheque

Card Number: _____ Expiry Date: _____

Cardholders Name: _____ Amount: _____

Cardholder's signature: _____

Cancellation Policy:

Refunds and credit are only considered for students who have incurred the following:

- Applications for credit or refund must be made within 1 week from date of cancellation.
- Major illnesses (contagious infections, broken bones or being hospitalised).
- Refunds or credits will not be granted for any other reason. This includes absences due to another activity or going on holidays.

You must return a letter outlining the reason for the cancellation and a doctor's certificate, with dates reflecting the number of sessions missed. There is no guarantee that monies paid will be refunded and there will be a \$15 cancellation fee which will be charged per application for all refunds.

Signature _____

Date _____

(Parent or Legal Guardian)

Please return forms to 2 Little St Lane Cove 2066 or post to PO Box 448 Lane Cove NSW 1595 (Attention Kids Klub)

Lane Cove Aquatic Leisure Centre/2 Little St Lane Cove 2066/ 0413772566