

ENROLMENT FORM

Parent/Guardian Full Name:						
Address:					Postcode:	
Primary Phone:						
In case of an emergency, please name a contact and their relationship to the child(ren):						
NAME: _____			RELATIONSHIP: _____			
Home Phone:		Work:		Mobile:		
Student 1		Student 2		Student 3		
Program Level:		Program Level:		Program Level:		
First Name:		First Name:		First Name:		
Date of Birth:		Date of Birth:		Date of Birth:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Student 4		Student 5		Student 6		
Program Level:		Program Level:		Program Level:		
First Name:		First Name:		First Name:		
Date of Birth:		Date of Birth:		Date of Birth:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Important Medical Information						
Medical Details	Student 1	Student 2	Student 3	Student 4	Student 5	Student 6
Does your child(ren) suffer any allergies? If yes please give details	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Any breathing disorders (such as asthma)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any ear disorders (such as grommets or deafness)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Epilepsy? (whether mild or severe)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Fainting/Dizzy spells? (or other sudden loss of consciousness)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other						
Acknowledgement and Consent						
<p>I/we consent to my child(ren's) involvement in the program and understand the terms and conditions of booking. I/we do not hold Leisure and Recreation Group, their management, staff or any people involved responsible for, and indemnify them from, all liability for all accidents, personal injury, loss or damage whether consequential or otherwise, and whether or not such injury, loss or damage is reasonably foreseeable, which may occur as a result of my child(ren's) attendance at the venue. I/we irrevocably authorise venue staff to organise medical or hospital treatment as they see necessary at my expense. I/we understand children under 10 must not be left at the venue without active parent or guardian supervision and will ensure such active supervision of my child(ren) whilst at the venue. I/we acknowledge that this enrolment was completed in full and I/we have read and understand the Enrolment and participation Terms and Conditions (see reverse) set out in it prior to me signing and the information it contains is true and accurate.</p>						
Parent /Guardian Signature(s): _____					Date: _____	
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">Office Use Only</div>						
Staff Member: _____		Date: _____		Form Processed: YES / NO		

APPLICABLE TO ALL LEISURE AND RECREATION GROUP VENUES

- 1. Payment:** Payment must be made in full at the time of enrolment by cash/Eftpos/credit (Visa & MasterCard only). A pro rata amount will apply to members for part month.
- 2. Participation:** Participation in the program is subject to full payment being received in advanced. Members who have not provided full payment in advance will not be guaranteed a position in the program and their enrolment may be cancelled.
- 3. Telephone Enrolments:** Telephone enrolments will be accepted with full payment at the time of booking. An Enrolment Form must be completed prior to the commencement of the first session.
- 4. Privacy Policy:** The Leisure and Recreation Group is bound by the Privacy Act. No details will be given out to any third parties.
- 5. Make-up Policy:** Make up lessons are granted in the event of genuine medical illness (with a valid medical certificate) or a pre-informed absence in writing. **Make up lessons are valid until the end of the term in which the session was missed, and are subject to availability.**
- 6. Class Timetable:** Every effort will be made to adhere to the timetable by The Leisure and Recreation Group reserves the right to change, consolidate or alter sessions as necessary.
- 7. Change of Details:** You must keep The Leisure and Recreation Group informed of any change of address or email, contact numbers, and any other information relevant to your enrolment. All changes must be in writing and completed in person at the venue on an Enrolment Form.
- 8. No Refunds:** All payments are non-refundable.
- 9. Use of the Venue:** Children must not be left at the venue without active parent or guardian supervision. Use of the venue is subject to the Terms and Conditions of Entry, Pool Rules and Swimming Hygiene Requirements. The Leisure and Recreation Group reserves the right to refuse participation to any person, including members, and has the right to cancel your enrolment without warning or notice due to any breach of these terms and conditions, or for any other reason management may decide such as equipment damage of health and safety risks.
- 10. Electrical Storms:** In the event of lightning, the venue may be closed/the pool evacuated for safety reasons and the program will cease until it is deemed safe to return to the pool/re-open the venue. Dry land instructions will be provided if possible at this time.