

Holiday Activity Day – Enrolment Form

Parents Name _____

Address _____

Postcode: _____

Phone Numbers (H) _____ (W) _____ (M) _____

Emergency Contact _____ Relationship: _____

Phone Numbers (H) _____ (W) _____ (M) _____

1st Child's Name _____ DOB: _____ Swim 25m: Y / N

2nd Child's Name _____ DOB: _____ Swim 25m: Y / N

3rd Child's Name _____ DOB: _____ Swim 25m: Y / N

4th Child's Name _____ DOB: _____ Swim 25m: Y / N

Special Needs _____

What to Bring

- Swimwear
- Towel
- Warm Clothing
- Joggers for dry land activities
- Drink / Drink Bottle

I'm attending (circle day)

Week 1 – Wed 28th September

Week 1 – Fri 30th September

Week 2 – Wed 5th October

Week 2 – Fri 7th October

Fine Print

Ages	From 6 to 12 years only
Swimming Ability	Must be able to swim without a flotation aid
Payment	Must pay at the time of booking
Refunds	Sorry, No Refunds & No Transfers or Credits
Discounts	No Discounts (even if you bring your own lunch)
Lunch	Lunch will be provided; it will be Hot Dogs & Cordial. You are welcome to provide alternative lunch for your children
Ratios	Instructor to student ratio 20:1 for dry land activities. 2 lifeguards will be present in the pool area
Pick Up Time	NO LATE PICK UP – Strictly 3:00pm finish

- I hereby give consent for my child/children (whose name/names appear above) to attend the Wollondilly Leisure Centre Holiday Activities Program.
- I understand that it is my responsibility to fully and adequately enquire of and to disclose to Wollondilly Leisure Centre 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 some activities will take place swimming pools
- I understand that Wollondilly Leisure Centre will not be responsible for any accident/loss of injury suffered by my child during the course of activity. I hereby indemnify and shall keep indemnified Wollondilly Leisure Centre 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 Wollondilly Leisure Centre to the extent permissible by law.
- I hereby authorise the staff at Wollondilly Leisure Centre to organise medical or hospital treatment as they see necessary, at my expense.

Signature _____

Date: _____