

ASB ENROLMENT FORM



2015 DEC - 2016 JAN HOLIDAY PROGRAMME FAX 521-0043

Commencement Date:

Child's Name: D.O.B: / / Male Female

Parent's/Guardian's Name:

Address:

Phone - daytime: - evening:

School attended: - Email:

Please circle days required: **Dec -** Th, F, M, T, W, Th **Jan Wk 1** M, T, W, Th, F

Jan Wk 2 M, T, W, Th, F **Jan Wk 3** M, T, W, Th, F

Other Emergency Contact Name:

Address: Mobile:

Phone - daytime: - evening:

Other Authorised Adults to Pickup Children				
Name:	Phone Numbers:			Relationship to Child
	Home:	Work:	Mobile	

Family Doctor: Phone:

Health Record - *please specify allergies and ailments (eg asthma, bee stings, food, penicillin, epilepsy), medical conditions, and assistance required.*

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Medication (to be provided by parent/guardian):

Description: Dosage:

Is this to be administered by the After School Programme Staff? Yes No

Is there any other information the Programme should be aware of?

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- 1 - I acknowledge that ASB Stadium Staff will run the Holiday Programme.
 - 2 - I agree to these Staff seeking medical aid for my child/ren enrolled on this Programme, if such aid is considered necessary by these staff. I shall meet any cost incurred in obtaining such aid.
 - 3 - I agree to all Staff administering the medication as prescribed in the enrolment form above, and will train staff if necessary.
 - 4 - I agree not to enrol any child/ren on the Programme who is sick, and understand that a sick child will not be able to attend.
 - 5 - I agree to inform the Staff of any known medical condition which is infectious or contagious, to assure that appropriate precautionary action can be taken.
 - 6 - I agree to provide adequate health protection equipment/aids for my child, eg. sunblock, insect repellent, etc.
 - 7 - I understand that the Programme Staff will exercise all reasonable care in respect of my child/ren during the Programme for which they are enrolled but notwithstanding I agree that the ASB Stadium will not be in any manner liable for any injury or accident suffered by my child/ren or for any damage to or loss of their possessions incurred during such Programme.
 - 8 - I understand that extra charges may be incurred if my child/ren is not collected as agreed.
 - 9 - There are **NO REFUNDS**
 - 10 - In the case of an emergency, parents will be contacted immediately and the child taken to the nearest Accident & Emergency Clinic for treatment.

Parent's/Guardian's Signature: Date:

Information on this form is for the purposes of contacting the Parent/Guardian/Doctor in case of emergency, and for the administration of the Programme.