

# ASB ENROLMENT FORM



**2016 SEPT/OCT 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: **Sept Wk 1** M, T, W, Th, F **Oct: Wk 2** M, T, W, Th, F

Other Emergency Contact Name: .....

Address: ..... Mobile: .....

Phone - daytime: ..... - evening: .....

<b>Other Authorised Adults to Pickup Children</b>				
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.*

.....

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?

.....

- 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 not withstanding 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.