

## **Holiday Programs Enrollment Form**

417-439 Bunnerong Road, Matraville NSW 2036 (02) 9093 6390

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| Account Holder (Respo             | nsible Person)  |          |               |
|-----------------------------------|-----------------|----------|---------------|
| First Name :                      | Surname :       |          |               |
| Address:                          |                 |          |               |
| Mobile :                          | Work Ph:        |          | Gender: M / F |
| Email :                           |                 |          |               |
|                                   |                 |          |               |
| Child Details                     |                 |          |               |
| Child Name :                      |                 | DOB: / / | Gender: M / F |
| Allergies/Medical Conditions :    |                 |          |               |
|                                   |                 |          |               |
| Child Name :                      |                 | DOB:/_/  | Gender: M / F |
| Allergies/Medical Conditions :    |                 |          |               |
| Child Name :                      |                 | DOB: / / | Gender: M / F |
| Allergies/Medical Conditions :    |                 |          |               |
|                                   |                 |          |               |
|                                   |                 |          |               |
| Anything else to note, please pro | ovide details : |          |               |
|                                   |                 |          |               |
|                                   |                 |          |               |
|                                   |                 |          |               |

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| Prices                                       |                                        |                                                                                                           |                                                |                                     |                  |                  | Sub Total   |
|----------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|------------------|------------------|-------------|
| Camps                                        | Full Week                              | \$240                                                                                                     | Half Day Full W                                | /eek 🗌 🤄                            | 5150             |                  |             |
| 9am - 3.00pm                                 | Full Day                               | ☐ \$60                                                                                                    | MON TU                                         | JE WED                              | THU              | FRI              |             |
| 9am - 12.30pm                                | Half Day                               | \$35                                                                                                      | MON TU                                         | JE WED                              | THU              | FRI              |             |
| <b>Before Care</b><br>\$10 per day per child | ☐ MON                                  | TUES                                                                                                      | ☐ WED                                          | THURS                               |                  | FRI              | from 7.30am |
| After Care<br>\$10 per day per child         | ☐ MON                                  | TUES                                                                                                      | WED                                            | THURS                               | S 🗆              | FRI              | 3рт - 6рт   |
| Please tick which camp                       | your child will atte                   | nd                                                                                                        |                                                |                                     |                  |                  |             |
| Camp 1 28th - 2nd October                    |                                        | amp 2<br>n - 9th October                                                                                  |                                                |                                     |                  | Total            |             |
| Free Bus Scl                                 | hedule                                 |                                                                                                           |                                                |                                     |                  |                  |             |
|                                              |                                        |                                                                                                           | PICK                                           | UP                                  | RETURN           | DAYS REQU        | IIRED       |
| Matraville Sport<br>Anzac Parade, Chi        |                                        | ol .                                                                                                      | 8.00                                           | Oam 4                               | 1.00pm           |                  |             |
| St Mary - St Jose<br>Malabar Road, Ma        |                                        | School                                                                                                    | 8.10                                           | am :                                | 3.45pm           |                  |             |
| Coogee Public S<br>Byron Street, Coo         |                                        |                                                                                                           | 8.20                                           | )am :                               | 3.40pm           |                  |             |
| University NSW<br>High Street, Kensi         | ngton                                  |                                                                                                           | 8.25                                           | āam :                               | 3.30pm           |                  |             |
| Westfield Eastga<br>Bunnerong Road,          |                                        |                                                                                                           | 8.40                                           | )am :                               | 3.20pm           |                  |             |
|                                              |                                        |                                                                                                           |                                                |                                     |                  |                  |             |
| Acknowledg                                   | ment                                   |                                                                                                           |                                                |                                     |                  |                  |             |
| absolutely from all res                      | sponsibility for in<br>s camps and her | inagement Group Pty Lt<br>jury, damages, illness, a<br>eby agree to indemnify<br>g such claims and actior | ccident, death or loss of to Sydney Sports Man | of property hows<br>agement Group I | pever arising wh | ich may occur to | my child at |
| I also agree:<br>That my child/children      | n may be transpo                       | orted to alternate venue                                                                                  | rs                                             |                                     |                  |                  |             |
| I give permission:<br>That my child/children | n image may be                         | photographed or video                                                                                     | ed for marketing purpo                         | ses                                 | NO               |                  |             |
| I acknowledg                                 | ge that I have re                      | ad and understood the                                                                                     | e Acknowledgment                               |                                     |                  |                  |             |
|                                              |                                        |                                                                                                           |                                                |                                     |                  |                  |             |
| F                                            | ull Name                               | _                                                                                                         | Signature                                      |                                     |                  | Date             |             |