

CLARENCE PARK COMMUNITY CENTRE

OCTOBER SCHOOL HOLIDAY PROGRAM - REGISTRATION FORM (one per child)

CHILD'S DETAILS

First Name: _____ Last Name: _____ Age: _____

Address: _____ Suburb: _____ Postcode _____

Email Address _____

Please complete if you would like to receive emails about any future children's programs being held at the Centre.

MEDICAL INFORMATION

1. Does your child suffer from any allergies or medical conditions? **NO / YES** (if yes, please state below)

2. Does your child require an EpiPen, Asthma Inhaler or any other medication?
NO / if Yes please attach medical consent form

EMERGENCY CONTACT PERSON

Name (print): _____ **Telephone:** _____

PARENT / GUARDIAN

I understand and agree to the following statements:

- The City of Unley and all staff of Clarence Park Community Centre, whether paid or voluntary, shall be exempt from all liability including any loss, injury or damage sustained by my child while participating in the program;
- I give consent for medical assistance, including that of calling an ambulance for my child without notice to myself, should this be deemed necessary in an emergency, and I agree that I will meet the costs of any such assistance;

Name: _____ **Signature:** _____ **Date:** _____

Tick	Workshop Name	Date	Time	Cost \$/child
<input type="checkbox"/>	Teddy Bears Picnic	30 September	10am-12noon	\$5/family PAY ON DAY
<input type="checkbox"/>	Kids Shed	2 October	9.30-11.30am	\$10
<input type="checkbox"/>	RSPCA	4 October	10am – 12noon	Gold Coin donation to RSPCA PAY ON DAY

****ENSURE AVAILABILITY PRIOR TO COMPLETING FORM****
****PAYMENT CONFIRMS BOOKING****

KIDS MARKET 5 OCTOBER – 10AM-12NOON

72-74 East Ave
Black Forest SA 5035
Ph: 8293 8166
Fax: 8293 2886
unley.sa.gov.au

Office hours
Monday to Thursday
9am-3pm
Friday
9am-12pm

