



George Burnett Leisure Centre

JUNIOR PROGRAM ENROLMENT FORM

2017

APPLICANT DETAILS					
	CHILD #1	CHILD #2	CHILD #3	CHILD #4	
Surname:					
First Name:					
DOB:					
Age:					
Name of Parent/Guardian:					
Address:					
Email Address:					
Telephone:		H:	W:	M:	
Emergency Contact:			Contact Number:		
YES <input type="checkbox"/> NO <input type="checkbox"/>		Would you like to receive emails from GBLC with information and application forms for future School Holiday Activities and Term Programs?			
PROGRAM SELECTION					
(Please write which program(s) you wish to enrol your child/children in. *Please include program name and day of the week*					
Program Name	Day and Time	CHILD 1	CHILD 2	CHILD 3	CHILD 4
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERMISSION TO BE PHOTOGRAPHED					
I agree that the City of South Perth shall have the right to photograph my child and as such the City shall have the rights to include them in any advertising and publicity and to reproduce them by any present or future means.					
	CHILD #1	CHILD #2	CHILD #3	CHILD #4	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Signature:					

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MEDICAL DETAILS

Are you aware of any medical conditions that may hinder, harm or influence yours, your child's or any other person's participation in this activity? **YES NO**

*If Yes, please explain.

CHILD'S NAME:

DETAILS OF CONDITION:

OTHER INFORMATION

Are you aware of any reasons why your child/children's full participation in the nominated activity may result in harm being caused to you, your child's or any other person or property? Please explain:

MARKET RESEARCH

How did you hear about this program?	<input type="checkbox"/> School flyers	<input type="checkbox"/> Newspaper	<input type="checkbox"/> GBLC	<input type="checkbox"/> Previous attendee
	<input type="checkbox"/> City of South Perth Website	<input type="checkbox"/> GBLC Facebook	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other

DECLARATION

I understand I am responsible for my child/children's participation in the Junior Sports Program. I indemnify the City against any claim or liability arising from any loss, damage or injury to any person or property as a result of any act by me or my child. I acknowledge that the City reserves the right to not accept my enrolment form that any cancellation and application for a refund or a pre-paid enrolment must be made in advance of the commencement of the clinic with suitable reasoning and is at the City's discretion.

Signature: _____ Date: _____

*Completed forms may be returned in person to George Burnett Leisure Centre or via email.