

LOFTUS RECREATION CENTRE

Term 3 2020 Registration Form

Childs Last Name : _____ Childs First Name : _____

THIS FORM MUST BE FULLY COMPLETED BEFORE ENROLING.

Male / Female _____ Age : _____ Date of Birth : _____

Parent Name : _____

Address : _____

Suburb : _____ Mobile Phone : _____

Email : _____

Emergency Contact Name : _____

Relationship to Child : _____ Contact Number : _____

Medical Conditions : _____

PLEASE CIRCLE WHICH PROGRAM (S) YOU WOULD LIKE TO ENROL YOUR CHILD IN

NETBALL Beginners Mondays 4pm – 4.45pm	NETBALL Advanced Mondays 5pm – 5.45pm	SOCCER CLINIC Wednesdays 4pm – 4.45pm	SOCCER CLINIC Wednesdays 4.45pm – 5.30pm
BASKETBALL CLINIC Wednesdays 4pm – 4.45pm	BASKETBALL CLINIC Wednesdays 4.45pm – 5.30pm	JUNIOR SOCCER Match Play and Coaching 6 - 14 Year Olds Sunday 9.30am – 10.30am	

By enrolling my child in the Loftus Recreation Centre Junior Activities Programs I agree to the following conditions:

1. In the event of an accident or illness suffered by my child, the organisers of the Loftus Recreation Centre Junior Activities Program are authorised to obtain, on my behalf, such medical assistance as my child may require and I agree to reimburse the organisers for any expense incurred
2. Although all care will be taken Loftus Recreation Centre staff and program leaders are free from all responsibility for accidents or loss of property in connection with any child's participation
3. I understand and agree that at all times my child participate at their own risk and I will not hold Belgravia Leisure or its staff liable for any personal injury which may result to my child or loss of property except for any liability by Belgravia Leisure if it fails to render its services with due care and skill or supplies any material in connection with those services which is not reasonably fit for the purpose for which they are supplied
4. Any prepaid sessions cannot be refunded under any circumstances except medical with an accompanying doctor's certificate. Credit for future sessions maybe granted at management's discretion

DECLARATION

I, the parent of _____ (Please write child's name) declare that the information above is complete and accurate, and I have read, understood and agree to the conditions outlined above

SIGNED _____ NAME _____ DATE _____

OFFICE USE ONLY:

Date Received : ___ / ___ / ___ Customer Number : _____ Casual / Full Term

Payment Received : \$ _____

Receipt(s) attached

LOFTUS
recreation centre

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