

# LOFTUS RECREATION CENTRE

## Term 4 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

<b>NETBALL</b> Beginners   Mondays 4pm – 4.45pm	<b>NETBALL</b> Advanced   Mondays 5pm – 5.45pm	<b>SOCCER CLINIC</b> Wednesdays 4pm – 4.45pm	<b>SOCCER CLINIC</b> Wednesdays 4.45pm – 5.30pm
<b>BASKETBALL CLINIC</b> Wednesdays 4pm – 4.45pm	<b>BASKETBALL CLINIC</b> Wednesdays 4.45pm – 5.30pm	<b>JUNIOR SOCCER</b> 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

LOFTUS