

September 2017 School Holiday Activities

Movie Morning - \$2.00 *

Friday 29th September 2017 9.30am - 11.00am

Finding Dory



Craft Afternoon - \$2.00 *

Thursday 5th October 2017 2.30pm - 4.00pm

 - \$2.00
The logo for 'Youth club' features the word 'Youth' in a large, yellow, bubbly font with a smiling face integrated into the letter 'o'. Below it, the word 'club' is written in a smaller, white, rounded font.

“Hangout afternoons” Ages 12+

Tuesday 3rd October 2017 2.00pm - 4.00pm

Friday 6th October 2017 2.00pm - 4.00pm

Board games & TV/Movies, Music

Please **register** your child/ren no later than **Tuesday, 26th September 2017**

The programs will be run by staff with “Working With Children Check” cards.

All activities will be held at the Southern Cross Community Resource Centre, Canopus Street.

***We need parent helpers to assist with these activities, if you are interested in helping please contact the CRC on 9049 1688 or crc@yilgarn.wa.gov.au.**

At the end of each activity, time permitting, children will be allowed to play outside.

Please provide a hat and water bottle.

CRC School Holiday Program Registration & Consent and Waiver Form

Please tick the register box for each session your child will be taking part in

Session	Attending please tick
Friday 29 th Sept – Movie Morning: <i>Finding Dory</i> @ 9.30am – 11.00am	
Thursday 5 th October – Craft afternoon @ 2.30pm – 4.00pm	
Youth Club Tuesday 3 rd October @ 2.00pm – 4.00pm	
Youth Club Friday 6 th October @ 2.00pm – 4.00pm	

Please read the following terms and conditions of participating in the CRC School Holiday Program presented by the CRC prior to completing and signing the Participant Registration and Consent and Waiver.

Terms and Conditions

1. Fees and charges

Each activity will involve a \$2.00 fee unless otherwise specified.

2. Age Restrictions

The Holiday Program is designed to meet the needs of children and young people between the ages of 6-15.

In order to take children younger than 6 we would require some adult volunteers to be present. Please check with CRC in regards to this.

3. Supervision

School Holiday Program activities or events are fully supervised by CRC staff and possibly parent volunteers.

4. Outdoor/physical activities

All children must wear appropriate clothes for the activity, hat, closed in shoes/runners and bring a water bottle. Outdoor activities are affected by weather conditions. For safety reasons, the CRC may be required to cancel or postpone outdoor activities.

1. Child's details

Name: _____

Address: _____

Date of Birth: _____ Age: _____ Gender: M / F

My child is allowed to leave the activity at the scheduled time and walk home.

☐ Yes.

☐ No - my child will be picked up by _____

2. Parent / legal guardian details

Full name: _____

Relation to child: _____

Email: _____

Phone (h): _____ Phone (w): _____ Mobile: _____

3. Emergency contact details for registered child (this **must** be provided)

Name: _____

Relation to child: _____

Phone 1: _____ Phone 2: _____

4. Medical information

Family Doctor: _____ Phone: _____

Medicare No: _____ Last Tetanus Injection (date): _____

Private Medical Cover: _____ Yes / No _____ Medical Fund: _____

Conditions or disabilities that may affect participation in the activity? (Please Circle) Yes / No
(E.g. Asthma, Allergies, Bee Stings, Anaphylactic, etc.)

Name of condition: _____

Medications: _____

Special/Dietary Needs (vegetarian, gluten intolerance, diabetic etc.):

In case of an emergency such as an accident or serious illness, I understand that the CRC shall attempt to contact me. If I cannot be reached, I authorise the CRC to contact the doctor listed on this form and follow the doctor's directions. If the doctor cannot be reached, I authorise the CRC to take whatever steps seem necessary.

5. Consent and risk waiver

If the applicant is my child/ward, then I consent to his/her attendance at the above mentioned program. If I suffer or my child/ward suffers injury or there is an emergency during the program, I authorise the CRC to arrange for medical or surgical treatment and/or evacuation services as the CRC or persons subject to the CRC deem necessary. I agree that any information which I or my child/ward has supplied to the CRC may be provided to medical or emergency staff in the event of an injury, accident or emergency. I also undertake to pay or reimburse any costs which may be incurred for any medical attention, ambulance transport, emergency services or drugs related to myself or my child/ward while I or my child/ward is enrolled with the program.

I understand and accept that the program involves physical activities and that these activities have an inherent risk of personal injury and that accidents do happen. I also understand and accept the risks of possible injury and harm and physical exertion for which I or my child/ward may not be prepared, property damage or loss, remoteness to normal medical or emergency services, weather extremes including sudden and unexpected changes, and evacuation difficulties. I hereby fully release and agree to indemnify the CRC, its officers, employees, volunteers, agents, contractors and sponsors from any and all claims for injuries, damages or loss that may be sustained by me or my child/ward as a result of being a participant in the activities connected or associated with the program.

I agree to allow the CRC or persons subject to the CRC to take, print, publish and show photographs, sound and video recordings of me or my child/ward in relation to the program to be used for Council reports and publications including but not limited to internet and promotional materials. I waive the right to receive any compensation or make any claim for the use of such photographs and recordings.

I,

(Print full name of parent/guardian)

of

(Print address)

understand the above conditions and agree to participate in this program or to allow my child/ward

to participate in this program subject to the conditions above.
(Print full name of child)

Signature: _____

Date: _____