

# YMCA Sports and Games Clinic

UNSW Fitness & Aquatic Centre



## Parent Information

### Enrolling Parent / Guardian Information (Please complete all fields)

First Name \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Child \_\_\_\_\_ LINKS ID \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Other Parent/Guardian Information: (2<sup>nd</sup> emergency contact)

First Name \_\_\_\_\_ Surname \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Child \_\_\_\_\_ LINKS ID \_\_\_\_\_

Postal Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Child Information

**Child 1:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ LINKS ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School attending: \_\_\_\_\_ Yr at school: \_\_\_\_\_

Date/s child attending: \_\_\_\_\_

SWIMMING ABILITY: (circle)      NON SWIMMER      CAN SWIM 25m COMPETENTLY  
\*Will participate in athletics

Please specify if your child/ren has any medical condition/s or allergies and the procedures that need to be taken:

**Child 2:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ LINKS ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School attending: \_\_\_\_\_ Yr at school: \_\_\_\_\_

Date/s child attending: \_\_\_\_\_

SWIMMING ABILITY: (circle)      NON SWIMMER      CAN SWIM 25m COMPETENTLY  
\*Will participate in athletics

Please specify if your child/ren has any medical condition/s or allergies and the procedures that need to be taken:

\*For the safety of all, non-swimmers will participate in extra athletics activities instead of swimming.

Where did you hear about us: \_\_\_\_\_

**UNSW Staff:** (circle)      YES      NO

### UNSW Fitness & Aquatic Centre

High St, Kensington NSW 2052

T 02 9385 4881 F 02 9385 6119

W [unsw-ymca.org.au](http://unsw-ymca.org.au)

E [Programs.UNSW@ymcansw.org.au](mailto:Programs.UNSW@ymcansw.org.au)

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**Parent/Guardian:**

1. Payment must be made at time of enrolment. Places will not be held without payment.
2. Payments to be made at reception (UNSW Fitness & Aquatic Centre). Faxed bookings will not be processed till the next day and does not guarantee your child/s spot.
3. I give my consent for my child/ren to participate in all activities organised by UNSW Fitness & Aquatic Centre with some activities being played on the Pool lawn outside the centre.
4. UNSW Fitness & Aquatic Centre reserve the right to expel a participant if their behaviour jeopardises the safety and wellbeing of staff and other children. Bullying will not be tolerated at UNSW. Children will be removed from the group for short period of time, if it continues parent will be contacted to collect child.
5. Children must bring their own recess and lunch. Cafe and vending machines are off limits during the course of the clinic. (Orders can be made at the café prior to 9am).
6. Enclosed shoes must be worn at all times. **NO THONGS OR SANDALS** are allowed.
7. In the event of accident or illness, I authorise medical treatment for my child and the associated costs. Food allergies – this needs to be noted above, together with any procedures that need to be taken.
8. I acknowledge & agree that my child/ren is/are between the ages of 5-12years and is enrolled in primary school.
9. Refunds are not given where cancellation is within 48 hours of the child's selected days and unless there are compassionate reasons made in writing supporting reasons which is at the discretion of the Sport and Games Clinic Coordinator.
10. I am aware of the inherent physical risks in taking part in all activities I am aware of the inherent physical risks in taking part in all activities.
11. All activities are subject to change without prior notice and availability of venues. Check with reception for pick up venue.
12. For the safety of all, non-swimmers will participate in extra athletics activities instead of swimming.
13. A Parent or Guardian must sign their child/ren in and out of the Sports Holiday Program every morning and afternoon, also showing a drivers' licence as proof of identification. A child over age of 10years may be permitted to leave the clinic on their own accord with a letter of permission provided to the Sports Holiday Program Coordinator on application. (Letter must state name of child, date/s, time to leave, and transport they will be taking, and needs to be agreed and signed by Sports Holiday Program Coordinator.)
14. I understand that UNSW Fitness & Aquatic Centre accept no responsibility for lost or damaged items such as clothing, money, electronic devices.
15. I understand that UNSW Fitness & Aquatic Centre may take photographs and videos in connection with the program for YMCA UNSW. I understand that these may be used for advertising purposes for the Sports and Games programs and that I can revoke these permissions at any time.
16. UNSW Fitness & Aquatic Centre must be given prior written warning of absence wherever possible.
17. A week of UNSW Fitness & Aquatic Centre Sports and Games Clinic is made up from Monday to Friday (working week).
18. Bookings must be made and paid for in full. Limited spots available.
19. Children are encouraged to bring spare change of clothes in case first set of clothes get wet.
20. Overdue pick up will incur an additional cost of \$30 per half hour after 5:30pm

Program your Child/ren is attending, please  tick

			Monday	Tuesday	Wednesday	Thursday	Friday	
Week 1	Times	Location	8 <sup>th</sup> July	9 <sup>th</sup> July	10 <sup>th</sup> July	11 <sup>th</sup> July	12 <sup>th</sup> July	Cost
5 day Multi sports and activities 5-12yrs	8:30-5:30pm	UNSW Fitness and Aquatic Centre						\$65 per day

Week 2	Times	Location	15 <sup>th</sup> July	16 <sup>th</sup> July	17 <sup>th</sup> July	18 <sup>th</sup> July	19 <sup>th</sup> July	Cost
4 day Multi sports and activities 5-12yrs	8:30am-5:30pm	UNSW Fitness and Aquatic Centre						\$65 per day

## Payment Information

Please debit my credit card \$ \_\_\_\_\_ (MasterCard or Visa only)

Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: Month \_\_\_\_\_ Year \_\_\_\_\_

TOTAL COST: \$ \_\_\_\_\_

I have read and understood the terms and conditions for YMCA Sports and Games Clinic as stated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## Permission for YMCA NSW to use film, photography and images

I grant to YMCA NSW, it's representatives and staff members to take photographs and film footage of me and/or my child, young person or vulnerable adult in connection with the below listed program/event for YMCA NSW.

I agree that YMCA NSW may use such images as indicated below for purposes as listed below and that I can revoke these permissions at any time.

I understand all rights, including all present and future property rights, in the photograph(s), video, film, sound recordings and interview consent will remain the property of YMCA NSW.

### Image Type

- Photograph     Film/video     Interview     Sound recording

### Image usage

- Single Use of image – detail specific event/usage of image \_\_\_\_\_
- Ongoing use of image
- Internal use only – coaching and training purposes or for program display

### Print

- Internal Print (YMCA staff newsletters, internal documents)
- External print (YMCA client newsletters, brochures, signage)

### Online

- YMCA NSW Website (External)     YMCA NSW Intranet (Internal)

### YMCA NSW Social Media

- Internal Facebook     External Facebook, Youtube, Instagram and Twitter

YMCA NSW Service Name: \_\_\_\_\_

YMCA NSW Program/Event: \_\_\_\_\_

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