

Y Kids Holiday Activities Enrolment Form



Member/Non Member (please circle)

A)Child's First Name: _____

Childs Last Name: _____

Male/ Female

Date of Birth: _____ Age _____

B)Child's First Name: _____

Childs Last Name: _____

Male/ Female

Date of Birth: _____ Age _____

C)Child's First Name: _____

Childs Last Name: _____

Male/ Female

Date of Birth: _____ Age _____

Please attach a
current photo of your
child/ren

Parent/ Guardian Name _____

Contact Number: _____

Address: _____

Email Address: _____

Emergency Contact Name: _____

Relationship to child: _____

Emergency Contact Number: _____

Please bring your child/ren's Hats for outdoor play activities.
Children can bring morning tea on the day. (Nut Free Zone)





Medical Information

(This will not affect acceptance of your child).

Does your child have any of the following medical conditions? Please specify child A, B , C

- | | | |
|----------------------|--------------------|-------------|
| Asthma | Diabetes | Epilepsy |
| Hearing difficulties | Sight difficulties | Convulsions |
| Fainting spells | Frequent Headaches | |

Other: _____

Allergies: Please specify child A, B or C

- | | | |
|---------------------|---------------|------------|
| Hay fever | Insect Stings | Penicillin |
| Peanuts/ other nuts | | |

Other: _____

Are there any other medical conditions behavioural issues or additional needs YMCA staff should know about?

Authorisation and Acceptance

I agree to the above person attending YMCA activities and will not hold the YMCA, its staff or volunteers responsible for any/or loss of property and/or accident.

I give permission for medical/ambulance assistance in the case of an emergency and agree to pay such costs incurred.

I give permission for my child to be photographed / videoed while participating in YMCA activities. I consent to these photos / videos being used for Publicity purposes. I also give permission for the YMCA to send me emails and SMS regarding centre based promotions. All personal information complies with the YMCA Privacy Policy.

I understand that to confirm my Childs School holiday activities I need to book in advance to guarantee their spot in the program.

I understand that once I have paid and enrolled into the program that there are no refunds if I need to cancel my position in the program.

I understand that I will need to sign my child in and out of the programs daily and if the parent/guardian is NOT picking my child up I will need to authorise who will be signing my child out. That person will have to show ID upon pick up.

I understand that the YMCA has introduced these rules and procedures for the care, safety and wellbeing for my child/children.

Name: _____

Signature: _____

(parent/guardian)

Date: _____

