

PROGRAM COURSE ENROLMENT FORM

| Course Details | Time | Cost | |
|----------------------------------|-------------------|--|--------------------------|
| Holiday Sport & Activity Program | 12:15pm-4pm | Members: \$30/half day Non-Members: \$40/half day | <input type="checkbox"/> |
| | 9am-4pm | Members: \$50/full day Non-Members: \$65/full day | <input type="checkbox"/> |
| Gymnastics Skills Clinic | 9am-12pm | Members: \$25/session Non-members: \$35/session | <input type="checkbox"/> |
| | 12:30pm-3:30pm | Members: \$25/session Non-members: \$35/session | <input type="checkbox"/> |
| Swim Vac | 9am-12pm | \$70 (5 day program) | <input type="checkbox"/> |
| Dive or Skills Clinics | 10:30am – 11:30am | \$20/clinic | <input type="checkbox"/> |
| Swim Race Camp | 9am – 11am | \$120 per week | <input type="checkbox"/> |

Program Attendance Dates:

FAMILY DETAILS

Title: Mr Mrs Miss Ms Centre Member Y N

Parent(s) Full Name(s):

| | | | |
|----------------------|-----------------------|---------------|-----|
| Child A's Full Name: | Gender: Male / Female | Date of Birth | / / |
| Child B's Full Name: | Gender: Male / Female | Date of Birth | / / |
| Child C's Full Name: | Gender: Male / Female | Date of Birth | / / |

Address:

Suburb: Post Code:

Phone - Mobile: Home: Work:

Emergency Contact: Phone

Second Emergency Contact: Phone

Email Address:

Source of Introduction School Web Existing Member Other: _____

Are any of the children living with a disability, allergy, medical or emotional conditions that may restrict them from performing any activities that you feel we should be made aware of?

Y N Details: _____

PAYMENT INFORMATION

Payment Type Cash Cheque (made out to UATMQ Ltd) Visa MasterCard

Credit Card Number

Card Expiry / Total Cost

Cardholder's Name

Cardholder's Signature Date

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In the event, I am unable to pick up my children, the below named have permission to take my children from the premises:

Contact 1: _____

Contact 2: _____

Please Tick Boxes below to Confirm to the Terms and Conditions of Enrolment:

- I understand that I must register at reception and that participants must wear appropriate clothing as per Conditions of Entry Policy.
- I acknowledge that Macquarie University Sport and Aquatic Centre reserve the right to cancel or reschedule Program Courses. Where a course needs to be cancelled or rescheduled, Campus Life will notify all participants as soon as possible. The participant will receive financial reimbursement or the course will be rescheduled.
- I acknowledge that Program Courses must be paid for in full at time of booking. There are no discounts or make-up lessons for missed lessons.
- I acknowledge that Course Cancellations requests must be made in writing to the Swim School/Gymnastics/School Sport Coordinator more than 14 days before course commencement. If approved there is a cancellation fee of \$10.
- I acknowledge that timetables and facilities may be altered by management to suit seasonal and usage requirements.
- I have completed the Pre Exercise Questionnaire, and understand that if directed I am required to seek medical clearance before commencing any activity at Macquarie University Sport & Aquatic Centre.

DISCLAIMER

Please read and sign the following:

I, and if being a minor, my parent/s, guardian/s, for on behalf of myself, acknowledge that during all such times as I am on the premises of or included in any activity external to the premises which is organised, approved or endorsed by Macquarie University Sport and Aquatic Centre as an activity for me to take part in, both my property and person shall be at my own risk and I will not hold Macquarie University Sport and Aquatic Centre liable for any personal injury or loss of property which may arise from the negligence of Macquarie University Sport and Aquatic Centre, its servants, agents, independent contractors, voluntary workers, other users of the facility or participants in the activities or spectators or other parties providing services through or in the facilities of Macquarie University Sport and Aquatic Centre.

I warrant that (where effectively enrolled in a swimming program) I/my child is physically fit and able to engage in swimming lessons at the centre

Print Name: _____

Signed: _____ Date: _____

Parent or Guardian to sign if patron is under the age of eighteen (18) years

Office Use Only

| | | | |
|--------------------------------|--|---------------------|--|
| Responsible Person ID # | | Child ID # | |
| Administrator: | | Date Booked: | |