

ENROLMENT FORM 2016



Organisation / School:

Program/ Day Enrolling in:

No. of participants:	
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Date of Enrolment:

Organisation / School Contact:

Contact Number:

New Organisation/School Past Organisation/School

Student List

#	Name	Expression of Interest	Confirmed – payment received	Comments / Special Notes
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#	Name	Expression of Interest	Confirmed – payment received	Comments / Special Notes
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Medical Details

Are any of the Students on regular medication or have any disabilities, food sensitivities or allergies we should know about? Yes/No

If Yes give details:

Is there any other information you wish us to know about your students?

Emergency Details

Who is the main contact for Emergencies?:

Name: _____ Phone No: _____

In the Event of an emergency, illness or accident concerning to a student, and the staff being unable to contact me or other persons so authorised by me, I consent to the carrying out of appropriate medical, dental or hospital treatment in the event that such action appears to be necessary because my child has been injured, or is ill, at the premises. I accept liability for medical, dental, hospital and ambulance as may be incurred.

Teacher Signature: _____ Date: _____

Agreements

1. Permission for staff to act in case of emergency or accident:

Although every care will be taken of your child while at the Centre, the staff and South Coast Gymnastics Academy management cannot be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency treatment, every effort will be made to contact the parents and those listed as emergency contact persons before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for transport by ambulance to the Casualty Department and to be treated as per Hospital protocol. Parents are asked to sign and complete the following:

I, authorise the staff of the Centre to seek emergency medical treatment for my childshould this be necessary.

Signature:Date: Witness:Date:

2. Permission for publicity/Observation:

Occasionally the children may be filmed or photographed in the context of promoting the Centre or whilst being observed by staff during auditing or accreditation. I consent to my child's photograph being used for publicity should this be required or observation for educational evaluation purposes only.

Signature:Date: Witness:Date:

6. Administration of Paracetamol:

I give permission for the staff to administer the recommended dose of Paracetamol to my child if he/she has a temperature and if I can't be contacted by phone.

Signature:Date: Witness:Date:

7. Permission to participate in fire drills:

The staff regularly practices Fire Drills with the children and we walk them out of the Centre into the adjoining car-parks and playgrounds. I give permission for my child to participate in the Centre's Fire Drills in accordance with the strict Department of Community Services regulations.

Signature:Date: Witness:Date:
