

**Details**

Child's family name: ..... Child's given name: .....

Child's age: ..... Date of birth: ..... Gender: ..... Primary language spoken: .....

Address: ..... Suburb: ..... Postcode: .....

Parent / Guardian name: ..... Home phone: .....

Work phone: ..... Mobile: .....

Email: ..... Place of work: .....

Emergency contact name: ..... Phone: .....

Name of person authorised to collect child: ..... Phone: .....

Medical conditions / allergies: .....

Is your child on any medication? If so please fill out the medication form on arrival at the AIS.

Is your child fully immunised for their age?    Yes    No

Does your child require special consideration in any areas, for example, religious or cultural requirements, medical condition, disability or protection order?    Yes    No

I would like to book for the following days [please tick appropriate boxes]:

Week 1	Week 2	Week 3	Week 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Privacy Statement**

I consent to the ASC, from time to time, taking photographic, sound and video images of my child me or my child's likeness and using them in print, digital and electronic media for the purpose of promoting the AIS and the ASC.

Yes    No

**Fees**

Full day: ..... Five full consecutive days: .....

Payments must accompany bookings by:

- Placing your credit card details in the space provided on this form
- If advised in the Payment section, we can call you to process your payment over the phone

***Payments must be paid in full.***

**AIS Aquatic & Fitness Centre**

PO Box 176 Belconnen ACT 2616, Leverrier Street Bruce ACT 2617  
 Phone: (02) 6214 1281 Email: fitnesscentre@sportaus.gov.au



## AIS Aquatic & Fitness Centre – Release and Indemnity

In consideration of the AIS Aquatic & Fitness Centre allowing access to participate in any activity conducted by the AIS Aquatic & Fitness Centre and/or allowing use of facilities and equipment of the AIS Aquatic & Fitness Centre, I agree to:

- a. accept that standard drop-off time is between 8:00am–9:00am, and that pick-up time is between 4:30pm and 5:30pm. I also understand that early pick-ups will only be available at: 12:30-1:00pm or 3.00pm. To arrange an early pick up the Program Co-ordinator must be informed at drop-off (on that day) or by calling reception (6214 1281) no later than one (1) hour before desired pick-up time. Outside of this, pick-up is between 4:30pm-5:30pm
- b. release the Australian Sports Commission (ASC), its officers, employees and agents from liability for any property damage, illness, personal injury or death incurred or suffered in connection with participation in such activities or use of such facilities and equipment
- c. indemnify the ASC, its officers, employees and agents from and against all losses, damages, claims and expenses (including legal costs) incurred or suffered by them that are caused in connection with participation in such activities or use of such facilities and equipment except to the extent that the liability, losses, damages, claims and expenses referred to in (a) and (b) are directly caused by the negligence of the ASC, its officers, employees and agents
- d. abide by the Program Terms and Conditions contained in the Parent Handbook
- e. consent to the ASC keeping personal information in accordance with the ASC Privacy Policy
- f. the ASC seeking emergency services (medical, hospital, ambulance) if the need arises noting that parent(s) will be liable for any associated costs.

Name of participant: .....

Signature of participant or parent/guardian: ..... Date: .....

## Payment

Total number of days: ..... Total payment: .....

Please take my credit card:    Visa            Mastercard            Bankcard

Cardholder name: .....

Card number: ..... Expiry date: .....

Total amount: ..... Signature: .....

*Please note: Fees for this program cannot be claimed through child care benefit.*

**Please be advised that in the event of rain the program may be cancelled at short notice due to limited access to indoor venues. If this occurs all parents will be contacted to collect children and their accounts will be credited as required.**

### How did you hear about us? Please tick

Word of mouth / friends

School swimming flyer

Facebook

Repeat customer

Internet / website

Other:

Holiday Happenings

AIS staff / work here

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