The Council of the City of Sydney  
Youth in the City School Holidays Program

**Enrolment Form**

Please complete all fields marked with an \* then submit by e-mail or in person.

Successful enrolments will receive a confirmation by e-mail.

**DETAILS**

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| **Student details** |

Child 1 Full Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ F ⃝ M ⃝ Other Date of Birth\* \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age\* \_\_\_\_\_\_\_\_

Activity selection\* ⃝ Surf lesson ⃝ Rock climbing/fencing ⃝ Sports at Maybanke ⃝ Des Renford pool ⃝ Raging waters ⃝ Sports Gala ⃝ Snorkelling/swimming at Clovelly ⃝ Ice skating ⃝ Frisbee at Coogee ⃝ Bronte to Bondi walk and swim

Child 2 Full Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⃝ F ⃝ M ⃝ Other Date of Birth\* \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Age\* \_\_\_\_\_\_\_\_

Activity selection\* ⃝ Surf lesson ⃝ Rock climbing/fencing ⃝ Sports at Maybanke ⃝ Des Renford pool ⃝ Raging waters ⃝ Sports Gala ⃝ snorkelling/swimming at Clovelly ⃝ Ice skating ⃝ Frisbee at Coogee ⃝ Bronte to Bondi walk and swim

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| **Parent/ Guardian’s details** |

Full Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mobile number\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Emergency secondary contact details** |

Full Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile number\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Medical Details** |

**Child 1’s medical details\*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical condition** | **Yes** | **No** | **Details** |
| Allergies | ⃝ | ⃝ |  |
| Fainting/Syncope | ⃝ | ⃝ |  |
| Anaphylaxis | ⃝ | ⃝ |  |
| Asthma/ Cystic Fibrosis | ⃝ | ⃝ |  |
| Diabetes | ⃝ | ⃝ |  |
| Heart condition | ⃝ | ⃝ |  |
| Bone injuries | ⃝ | ⃝ |  |
| Medication(s) | ⃝ | ⃝ |  |
| Other conditions/injuries | ⃝ | ⃝ |  |

**Child 2’s medical details\*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical condition** | **Yes** | **No** | **Details** |
| Allergies | ⃝ | ⃝ |  |
| Fainting/Syncope | ⃝ | ⃝ |  |
| Anaphylaxis | ⃝ | ⃝ |  |
| Asthma/ Cystic Fibrosis | ⃝ | ⃝ |  |
| Diabetes | ⃝ | ⃝ |  |
| Heart condition | ⃝ | ⃝ |  |
| Bone injuries | ⃝ | ⃝ |  |
| Medication(s) | ⃝ | ⃝ |  |
| Other conditions/injuries | ⃝ | ⃝ |  |

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| **Informed Consent** |

I hereby acknowledge that:

* The information provided above regarding my child’s/ children’s health is, to the best of my knowledge, correct.
* I will inform the Provider immediately if there are any changes to the information provided above.
* I am not aware of any medical reason as to why my child cannot participate in the Program.
* I give permission for my child/ children to participate in any physical activity under the Council of the City of Sydney’s Youth in the City School Holiday Program.

**CONSENTS AND AUTHORITIES**

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| **Medical Treatment Consent** |

In the event of an emergency, accident or incident concerning my child, I hereby give the City of Sydney Council staff (and its authorised representatives if any) permission to seek appropriate medical, dental, hospital treatment or ambulance service for my child / children. I agree to cover the full cost of any treatment needed.

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

Signature of Parent/ Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Full name of Parent/Guardian