

The Council of the City of Sydney

Youth in the City School Holidays Program

April 2021 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

Student details

Child 1 Full Name* _____

F M Other Date of Birth* ____/____/____ Age* ____

Activity selection* Archery and shipwreck walk Swimming at Gunyama park Movies
 Walk form Malabar to Maroubra for swim Bowling and Laser skirmish Leichhardt Pool
 Learn to surf Introduction to Martial arts Paddle boarding

Child 2 Full Name* _____

F M Other Date of Birth* ____/____/____ Age* ____

Activity selection* Archery and shipwreck walk Swimming at Gunyama park Movies
 Walk form Malabar to Maroubra for swim Bowling and Laser skirmish Leichhardt Pool
 Learn to surf Introduction to Martial arts Paddle boarding

Parent/ Guardian's details

Full Name* _____

Address* _____

Suburb _____ State _____ Postcode _____

Mobile number* _____ Home _____

Emergency secondary contact details

Full Name* _____

Mobile number* _____ Home _____

Medical Details

Child 1's medical details*:

Medical condition	Yes	No	Details
Allergies	<input type="radio"/>	<input type="radio"/>	
Fainting/Syncope	<input type="radio"/>	<input type="radio"/>	
Anaphylaxis	<input type="radio"/>	<input type="radio"/>	
Asthma/ Cystic Fibrosis	<input type="radio"/>	<input type="radio"/>	
Diabetes	<input type="radio"/>	<input type="radio"/>	
Heart condition	<input type="radio"/>	<input type="radio"/>	
Bone injuries	<input type="radio"/>	<input type="radio"/>	
Medication(s)	<input type="radio"/>	<input type="radio"/>	
Other conditions/injuries	<input type="radio"/>	<input type="radio"/>	

Child 2's medical details*:

Medical condition	Yes	No	Details
Allergies	<input type="radio"/>	<input type="radio"/>	
Fainting/Syncope	<input type="radio"/>	<input type="radio"/>	
Anaphylaxis	<input type="radio"/>	<input type="radio"/>	
Asthma/ Cystic Fibrosis	<input type="radio"/>	<input type="radio"/>	
Diabetes	<input type="radio"/>	<input type="radio"/>	
Heart condition	<input type="radio"/>	<input type="radio"/>	
Bone injuries	<input type="radio"/>	<input type="radio"/>	
Medication(s)	<input type="radio"/>	<input type="radio"/>	
Other conditions/injuries	<input type="radio"/>	<input type="radio"/>	

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

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.

Signature of Parent/ Guardian

Date: ____/____/____

Full name of Parent/Guardian