



Kids @ Sportz Central Holiday Program

REGISTRATION FORM - Paid only to Sportz Central

Registration forms must be returned by 2 days prior to the holiday program with registration fee. Children must be attending primary school. Children will experience quality coaching in a variety of sports. Canteen facilities available, but it is recommended that children bring a drink, recess & lunch, a hat and wear sunscreen. Children must wear jogging shoes. Children must be collected at Sportz Central by 5pm.



Registration Details (both sides of form)

Holiday Period: January 2009 - April 2009 - July 2009 - October 2009 (please circle)

Child's Name:

Address:

Postcode:

Phone: Sex: D.O.B: Age:

School:

Info for next camp - Email:



How did you find out about this event? Please circle

Previous Camp Newspaper School Friends
Stadium Phone Call Other



**1st 200 registrations
only accepted**

**Now only at
Sportz Central**



I wish to register for the half day program @ \$50 full day program @ \$60

Please complete both sides of form

..... Tear Here.....



Kids @ Sportz Central Holiday Program

74 A Bray Street
PO Box 592
Coffs Harbour NSW 2450
Phone: 02 6651 2501
Fax: 02 6651 6492

Email: office@sportzcentral.com.au
Web: www.sportzcentral.com.au

January 2009 Holiday Thursday 15 th Friday 16 th Monday 19 th Tuesday 20 th	April 2009 Holiday Thursday 16 th Friday 17 th Monday 20 th Tuesday 21 st	July 2009 Holiday Thursday 16 th Friday 17 th Monday 20 th Tuesday 21 st	October 2009 Holiday Thursday 8 th Friday 9 th Monday 12 th Tuesday 13 th
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Please pay only at Sportz Central

Registration fee of \$_____ received by

Proudly supported by CHCC, Dance from the Heart, The Advocate, 105.5 Star FM, Channel TEN, C.H. Volleyball Ass, C.H. AFL Ass, C.H. Rugby League Ass and C.H Wheelchair Sports.

CONSENT AND MEDICAL INFORMATION FORM

All information is confidential and could be important to the welfare of your child

Emergency Contact:

Contact Name:

Address: (If different from front)

Phone: (H)

(W)

Mobile:

Medical Information:

Are you a member of the Ambulance Association? Yes / No

Medicare Card Number: Expiry Date:

Please indicate if your child suffers from any of the following:

Heart Problems Yes / No Respiratory Problems Yes / No

Allergies Yes / No High / Low Blood Pressure Yes / No

Recent surgery Yes / No Epilepsy Yes / No

Diabetes Yes / No

If you answered **YES** to any of the above, please give details:

Please give details of any **medication** your child is currently taking:

Please give details of any **drug reactions** your child may suffer from:

Is there any other medical or other information which should be known? If yes, please give details:

Consent Authority:

As a parent / guardian of..... I

Give my consent for him / her to participate in the activities organised by Sportz Central and to delegate my authority to the coaches involved.

I also authorise those persons to obtain such medical assistance they deem necessary should an accident occur. I undertake to pay all medical expenses incurred on behalf of the above participant.

I further authorise qualified practitioners to administer anesthetic if such an eventuality arises.

Signed:..... Date:.....

How to find us

Full Day @ Sportz Central includes:
Movies
Table tennis
Basketball
Arts & Craft
Gymnastics
Computer Games, etc

