



FOR CENTRE PROGRAMS – CHILDREN

ACTIVITY : _____

PARTICIPANTS DETAILS (please print clearly)

Parents Name: _____

Childs Name: _____

Address: _____

Date of Birth: _____

Tel (H): _____ Tel (M): _____

Email: _____

In Case of Emergencies contact : Name : _____ Tel: _____

Please list any medical or other conditions:

Medical Conditions	
<i>Allergies/Asthma</i>	
<i>Behavioural</i>	
<i>Disability</i>	
<i>Other</i>	

I acknowledge and agree that during all such times as my child is on the premises of the Roche Park Recreation Centre, that both my property and my children shall be at my own risk in every respect and hereby disclaim and release the Shire of Collie and every occupier thereof, all employees, volunteers and invitees to the full extent permitted by the law whether in contract or tort, and whether arising out of negligence by any person or otherwise, and form liability of any kind which may arise respect to any incidents or damage to property or injury to any person on the centre premises.

I warrant that my child is in good state of health and fitness and that there is no reason that they should not participate in the program.

I also acknowledge that the Recreation Centre requires me to organise supervision of my child on completion of activity. Should I not be the person collecting my child upon completion of an activity I agree that I must inform the program staff at the Recreation Centre prior to leaving my child to participate in an activity.

PHOTOGRAPHIC IMAGES

I give consent for me/my child to be photographed or videoed by Roche Park employees for promotional and training purposes.

Yes No

EMERGENCY ACTION

- a. If my child is involved in an emergency situation, I accept the care provider’s discretion to act in the best interest of my child and to notify me as soon as possible.
- b. I am responsible for all medical and transport costs.

Signed: _____

Date: _____