

# WINTER SCHOOL HOLIDAY PROGRAM APPLICATION FORM

Please **PRINT** clearly and sign below. Please indicate the number of children attending below:

No. of Children	Week 1: 9am - 3pm	
	Monday 9 July	\$80 per child
	Tuesday 10 July	\$80 per child
	Wednesday 11 July	\$80 per child
	3 Days	\$210 per child

No. of Children	Week 2: 9am - 3pm	
	Monday 16 July	\$80 per child
	Tuesday 17 July	\$80 per child
	Wednesday 18 July	\$80 per child
	3 Days	\$210 per child

Child 1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

Email Address (required): \_\_\_\_\_

(All correspondence will be via email)

Do you require a tennis racquet? ☐ Yes

☐ No

Does your child have a medical condition? ☐ Yes

☐ No

Allergy or medical condition (please provide details): \_\_\_\_\_

**NOTE:** Cancellation of days is subject to children booked in. A minimum of five children is required for the day to go ahead.

## RELEASE AND INDEMNITY

### ACCEPTANCE OF RISK BY YOU:

I give consent for my child to participate in all activities organised by the Stadium Club. I acknowledge and agree that my child is between the ages of 7–12. In the event of an accident, I authorise medical treatment for my child and the associated costs. I am aware of the inherent physical risks in taking part in all activities.

### YOUR INDEMNITY TO ORGANISER AND OTHER:

It is a condition of entry that in the event any of the foregoing suffer injury or loss or claim for compensation as a result of your child's actions, you as guardian/parent will fully indemnify each of the SCG Trust and any sponsor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ In your child's time at the Winter Holiday Program, he/she may be photographed for promotional purposes.

Please tick the box if you would not like your child to be in any promotional material.

## METHOD OF PAYMENT

☐ Cash (Payable at Venue Services)

☐ Cheque (Payable to SCG TRUST)

☐ AMEX

☐ Mastercard

☐ Visa

Cardholder's Name: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Card Number: \_\_\_\_\_ CCV: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**0.75% fee on all eftpos transactions.** Return completed form by post, fax or email. Alternatively, you can return it in person to the Venue Services Office.

**Cancellation policy:** We require a minimum of 72 hours notice for cancellations. Applicants failing to provide the required notice will be charged the full amount of one day. Unavoidable circumstances beyond your control may warrant special consideration, such as a medical emergency.