

Enrolment form

Program information

Program name	Venue	Program date(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Participant information

Name	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Address	Phone	
<input type="text"/>	Home	
<input type="text"/>	Work/mobile	
Postcode		
Email address		
<input type="text"/>		

Please provide details of any medical conditions, allergies or disabilities that may affect your participation in this program

Optional information

To help us serve the community it would be appreciated if you could answer the following questions:

Are you from a culturally diverse background? Yes No
(for statistical purposes only)

Are you of Aboriginal or Torres Strait Islander descent? Yes No
(for statistical purposes only)

How did you find out about this program?

Payment information

My cheque or money order payable to 'Sport and Recreation' is enclosed OR charge \$

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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to my credit card: Visa Mastercard

Expiry date /

Cardholder name

Signature

Media consent

Strike out whichever does not apply:

I agree to allow Sport and Recreation to use my/my child's/my ward's name and any photographs, sound and film recordings taken of me/my child/my ward at this program for the promotion of the department's services and initiatives to the media and to the general public.

Full name Self Parent Guardian (please tick)

Signature

Date

 / /

Privacy statement

Communities NSW of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for the program. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the department can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

Refunds and cancellations

Requests for refunds must be made within seven (7) working days prior to the commencement of the program in which you are enrolled. All requests must be made in writing. All refunds are subject to an administration fee of 20 per cent of the total program fee. Refunds will not be given for partial attendance, nor will make up lessons be provided. Refunds will be paid at the completion of the program. Sport and Recreation reserves the right to cancel any program/s. Every effort will be made to give reasonable notice to those who have enrolled when a program is cancelled. Those enrolled will be given a full refund.

Return this form with payment to:

Sport and Recreation
C/- Ourimbah Campus, University of Newcastle
Brush Road, Ourimbah NSW 2258
Fax: (02) 4362 2910

Risk waiver

Strike out whichever does not apply:

I agree to, or I agree for my child/ward to attend the Centre to undertake all activities and/or to participate in the above program and that I or my child/ward will, abide by the rules and conditions of the Centre, and/or the Department, including those in any literature or verbal or written instructions. I authorise in the case of an emergency for the Centre or program staff, where it is impracticable to communicate with me, to arrange for me, or my child/ward, to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am participating, or my child/ward is participating, in any activity or whilst I am, or my child/ward is, in attendance at the Centre.

Except for situations in which a claim arises as a result of a negligent act or omission by Communities NSW or its employees, servants, volunteers or agents (hereafter each the "Released Persons"), I agree to indemnify and keep indemnified the Released Persons from and against all claims whatsoever and whenever brought, prosecuted or made against any of the Released Persons for which the Released Persons will or may be or become liable arising from or as a result of my, or my child's/ward's, attendance at the Centre and/or participation in any activity. I also agree to waive, release and discharge all and any claim, right or cause of action against the Released Persons, however arising, whether currently known or arising in the future, which I may otherwise have for, or arising out of, the loss of my, or my child's/ward's, life, or injury, damage or loss of any description whatsoever and howsoever caused which I, or my child/ward, may suffer or sustain in the course of or as a result of my, or my child's/ward's participation in any activity and/or attendance at the Centre.

Full name Self Parent Guardian (please tick)

Signature

Date

 / / 

Communities
Sport & Recreation

For more information call (02) 4362 3184 or visit www.dsr.nsw.gov.au