

The school holiday activity days are designed for all children attending primary school (Kinder to Year 6) in 2019. Activity days involve children in a range of sports & group games, plus jumping castles, table tennis, wheelchair sports, arts tables.

Dates of Activity Days

(Daily from 8.30am to 5pm) Week 1: Monday 8th – Friday 12th July Week 2: Monday 15th – Friday 19th July

PRO

WHAT TO BRING & WEAR

 *Lunch – NOT PROVIDED *Water Bottle.
* Sports Shoes ONLY-we do lots of running & group games MORNING TEA WILL BE PROVIDED – (Fresh fruit)
*Cafe is open for snacks, drinks & to order lunches.

TIME:	8.30am to 5pm. Please note, you can drop off and pick up at any time between these hours.
COST:	\$25.00 per day / per child. EFTPOS AVAILABLE.
BOOKINGS:	Can be made by phone or email though if unable to attend you need to advise the Stadium as we require firm bookings for staffing each day. PH: 6583 2501
REFUNDS:	Refunds are not possible for 'on the spot' cancellations or 'No Show' bookings. Refunds are possible if cancellations are made with enough time to offer your spot to another child from the waiting list.
NUMBERS:	We can only accept 56 children per day so book early to avoid disappointment.

PLEASE CIRCLE DATES WHICH YOUR CHILD WILL BE ATTENDING

WEEK 1	WEEK 2	
Monday 8 th July 2019	Monday 15 th July	
Tuesday 9 th July 2019	Tuesday 16 th July 2019	
Wednesday 10 th July 2019	Wednesday 17 th July 2019	
Thursday 11 th July 2019	Thursday 18 th July	
Friday 12 th July	Friday 19 th July 2019	

CONSENT AND MEDICAL INFORMATION FORM

	All information is	s confidential and could be importa	nt to the welfare of your o	hildren.	
Registration details					
Childs name:				Desteads	
Postal Address:	<u></u>		Postcode Age:School: Phone: HWM		
Gender D.O.B:		Age:	School:		
Parents Name:		Phone: H	W	M	
MEDICAL DETAILS					
Please indicate if your	child suffers from any of t	he following:			
Heart problems	Yes / No	Respiratory Problems	Yes / No		
Allergies	Yes / No	High/ Low blood pressure	Yes / No		
	Yes / No	Epilepsy	Yes / No		
Diabetes					
If you answered YES to	o any of the above, please	give details:			
Please give any details	s of any ALLERGIES/ REACT	IONS your child may suffer from: _			
Is there any other me	dical or any other informat	ion that we should know about? _			
CONSENT AUTHORITY	(
As a parent / guardiar	of	1			
Give my consent for h	im/her to participate in th	e activities organised by the PORT	MACQUARIE SPORTS STAD	IUM and delegate my authority to th	
, coaches involved.	· · ·	6 ,		<i>o</i> , , ,	
I also authorise those	persons to obtain such me	edical assistance they deem necess	arv should an accident occ	cur. I undertake to pay all medical	
	•	pant. I further authorise qualified p	-		
Sig	ned:	Date:			
the main the					
1001	OFFICE USE ONLY				
TDAY					
		AMOUNT PAID: DATE			
a martin	Note: Forms can be dropp	ed into the Stadium weekdays bet	ween 9am-9pm or email th	nem to us at <u>portstad@bigpond.net.</u>	