

SCHOOL HOLIDAY ACTIVITY DAYS – 2nd – 12th October 2018 at the PMQ Indoor Stadium

The school holiday activity days are designed for all children attending primary school (Kinder to Year 6) in 2018. Activity days involve children in a range of sports & group games, plus jumping castles, arts tables etc.

<p><u>Dates of Activity Days for October</u> (Daily from 8.30am to 5pm) Week 1: Mon 2nd – 5th October 2018 Week 2: Mon 8th – 12th October 2018</p>	<p><u>WHAT TO BRING & WEAR</u> <u>Morning tea will be provided</u></p> <p>*Lunch – NOT PROVIDED <i>Café will be open for snacks, Lunches & Drinks</i> *Water Bottle * Sports Shoes (no thongs)</p>
<p>TIME: 8.30am to 5pm. Please note, you can drop off and pick up at any time between these hours.</p>	
<p>COST: \$25.00 per day / per child. <u>EFTPOS AVAILABLE.</u></p>	
<p>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.</p>	
<p>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.</p>	
<p>NUMBERS: We can only accept 56 children per day so book early to avoid disappointment.</p>	

PLEASE CIRCLE DATES WHICH YOUR CHILD WILL BE ATTENDING

WEEK 1	WEEK 2	WEEK 3
Monday 1 st Oct (PUBLIC HOLIDAY) 2018	Monday 8 th Oct 2018	N/A
Tuesday 2 nd Oct 2018	Tuesday 9 th Oct 2018	N/A
Wednesday 3 rd Oct 2018	Wednesday 10 th Oct 2018	N/A
Thursday 4 th Oct 2018	Thursday 11 th Oct 2018	N/A
Friday 5 th Oct 2018	Friday 12 th Oct 2018	N/A

CONSENT AND MEDICAL INFORMATION FORM

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

Registration details

Childs name: _____
 Postal Address: _____ Postcode _____
 Gender _____ D.O.B: _____ Age: _____ School: _____
 Parents Name: _____ Phone: H _____ W _____ M _____

MEDICAL DETAILS

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 any details of any ALLERGIES/ REACTIONS your child may suffer from: _____ →
 Is there any other medical or any other information that we should know about? _____ →

CONSENT AUTHORITY

As a parent / guardian of _____ I _____
 Give my consent for him/her to participate in the activities organised by the PORT MACQUARIE SPORTS STADIUM and 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 see to my child if such an incident arises.

Signed: _____ Date: _____

OFFICE USE ONLY

RECEIPT NO: _____ AMOUNT PAID: _____ DATE: _____ STAFF MEMBER: _____

Note: Forms can be dropped into the Stadium weekdays between 9am-9pm or email us at portstad@bigpond.net.au or call us on (6583 2501) and leave a message if unattended.