

★ PORT MACQUARIE ★
INDOOR STADIUM
 SCHOOL HOLIDAY ACTIVITY DAYS
 12th – 16th January 2026

The School Activity Days are the same as what's currently run (without some of the crafts etc). And cater for all children attending primary school (Kinder to Year 6) in 2026. Sprocket Holiday Club will operate once again from 5th - 9th January AND 19th – 30th January 2026 (These can be booked online as usual)
 Activity days Sports Day with a Crafts table

WHAT TO BRING & WEAR

- *Morning Tea AND Lunch (though you can place a Lunch order with the Café).
- *Water Bottle.
- *Sports Shoes **ONLY**-we do lots of running & group games
- *Cafe is open for snacks, drinks & to order lunches.

TIME: 8.30am to 3.30pm. Please note, you can drop off and pick up at any time between these hours.
COST: \$30.00 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 'No Show' bookings. Refunds are possible if cancellations are made with enough time to offer your spot to another child from the waiting list.

SCHOOL HOLIDAY ACTIVITY DAYS – CIRCLE the DAYS you'd like your child to attend

Monday 12 th January
Tuesday 13 th January
Wednesday 14 th January
Thursday 15 th January

Please circle the days your child will be attending

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-5pm or emailed to info@portstadium.com.au

