

The **Pupil Free** 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 2022. Sprocket Holiday Club will operate once again from 20<sup>th</sup>-24<sup>th</sup> December 2021 AND 3<sup>rd</sup> – 28<sup>th</sup> January 2022 (These can be booked online as usual)

Activity days involve children in a range of sports & group games, plus jumping castles, table tennis, wheelchair sports, arts tables. etc.

*Cafe is open for snacks, drinks & to order lunches.
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I IIVIE:	<b>8.30am to 5pm</b> . 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				
<b>REFUNDS:</b>	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.				

## **COVID-19 Instructions**

\*Please do not attend if your child is unwell - (<u>Temperature/Fever, Dry Cough, Tiredness</u>) or other symptoms such as (Headache, Aches & Pains, and Sore Throat).

\*The Stadium has its 'Covid-SAFE' protocols in place and our priority is to ensure Public Safety at all times in line with the Governments Chief Medical Officer.

# Please circle the days your child will be attending

December AND January 'PUPIL FREE DAYS'
Thursday 16 <sup>th</sup> December 2021
Friday 17 <sup>th</sup> December 2021
Monday 31 <sup>st</sup> January 2022

### CONSENT AND MEDICAL INFORMATION FORM

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

Childs name:						
Gender	D.O.B:	Age:	School:			
Parents Name:		Phone: H	W	M		
MEDICAL DET	AILS					
Please indicate	e if your child suffers from ar	y of the following:				
Heart problem	ns Yes / No	Respiratory Problems	Yes / No			
Allergies	Yes / No	High/ Low blood pressure	e Yes / No			
Recent surgery	y Yes / No	Epilepsy	Yes / No			
Diabetes	Yes / No					
f you answere	ed YES to any of the above, p	ease give details:				
Please give any	y details of any ALLERGIES/ F	EACTIONS your child may suffer from				
		ormation that we should know about?				
CONSENT AUT	HORITY					
As a parent / g	guardian of	1_				
Give my conse	ent for him/her to participate	in the activities organised by the POR	T MACQUARIE SPORTS STAL	DIUM and delegate my authority to t		
coaches involv	ved.					
I also authoris	se those persons to obtain su	ch medical assistance they deem nece	ssary should an accident oc	cur. I undertake to pay all medical		
expenses incur	rred on behalf of the above p	articipant. I further authorise qualifie	d practitioners to see to my	child if such an incident arises.		
	Signed:	Date:				
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# SCHOOL HOLIDAY PROGRAM

RECEIPT NO:

AMOUNT PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ STAFF MEMBER:

Note: Forms can be dropped into the Stadium weekdays between 9am-9pm or emailed to info@portstadium.com.au