

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.

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

TIME:	<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		
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.		

## **COVID-19 Instructions**

PROGRAM

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

\*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				
January AND February 'PUPIL FREE DAYS'				
Monday 31 <sup>st</sup> January 2022				
Tuesday 1 <sup>st</sup> February				
Wednesday 2 <sup>nd</sup> February				
Thursday 3 <sup>rd</sup> February				

## CONSENT AND MEDICAL INFORMATION FORM

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

Postal Address	5:			Postcode
Gender	D.O.B:	Age:	School:	
Parents Name	:	Age:Phone: H	W	M
MEDICAL DET	AILS			
Please indicate	e if your child suffers from any of	the following:		
Heart problem	ns Yes / No	Respiratory Problems	Yes / No	
Allergies	Yes / No	High/ Low blood pressure	Yes / No	
Recent surgery	y Yes / No	Epilepsy	Yes / No	
Diabetes	Yes / No			
f you answere	ed YES to any of the above, pleas	e give details:		
Please give any	y details of any ALLERGIES/ REAC	TIONS your child may suffer from:		
Is there any ot	her medical or any other inform	ation that we should know about?		
CONSENT AUT	THORITY			
As a parent / g	guardian of	I		
Give my conse	ent for him/her to participate in t	he activities organised by the PORT M	ACQUARIE SPORTS STAI	DIUM and delegate my authority to
coaches involv	ved.			
I also authoris	se those persons to obtain such r	nedical assistance they deem necessa	ry should an accident oc	cur. I undertake to pay all medical
expenses incui	rred on behalf of the above parti	cipant. I further authorise qualified pr	actitioners to see to my	child if such an incident arises.
	Signed:	Date:		
7 5				
HOOL	OFFICE USE ONLY			
LIDAY				
公订:	RECEIPT NO:	AMOUNT PAID: DATE:	STAFF MEN	VIBER:

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