

★ PORT MACQUARIE ★
INDOOR STADIUM
SCHOOL HOLIDAY ACTIVITY DAYS
15th -26th April 2019

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 15th – Thursday 18th April

Week 2: Tue 23rd – Wed 24th AND Fri 26th April

Note: not open Good Friday/Easter Monday & ANZAC Day

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 15 th April 2019 | EASTER MONDAY (Closed) |
| Tuesday 16 th April 2019 | Tuesday 23 rd April 2019 |
| Wednesday 17 th April 2019 | Wednesday 24 th April 2019 |
| Thursday 18 th April 2019 | ANZAC DAY |
| GOOD FRIDAY (Closed) | Friday 26 th April 2019 |

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 them to us at portstad@bigpond.net.au

