<u>SCHOOL HOLIDAY ACTIVITY DAYS –</u> <u>9th – 20th July 2018</u> <u>at the PMQ Indoor Stadium</u>

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.

Dates of Activity Days for July (Daily from 8.30am to 5pm) Week 1: Mon 9 th – 13 th July 2018 Week 2: Mon 16 th – 20 th July 2018 Week 3: Mon 23 rd July (Pupil Free Day – <i>8.30am-3pm</i>)		WHAT TO BRING & WEAR provided *Lunch – NOT PROVIDED *Water Bottle * Sports Shoes (no thongs)	<u>Morning tea will be</u> Café will be open for snacks, Lunches & Drinks		
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. <u>EFTPOS AVAILABLE.</u>				
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.				
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 disappoi	ntment.		

PLEASE CIRCLE DATES WHICH YOUR CHILD WILL BE ATTENDING

WEEK 1	WEEK 2	WEEK 3
Monday 9 th July 2018	Monday 16 th July 2018	Monday 23 rd July 2018 (Pupil FREE Day)
Tuesday 10 th July 2018	Tuesday 17 th July 2018	NOTE: Pupil Free Day is 8.30am-3pm!!!!
Wednesday 11 th July 2018	Wednesday 18 th July	Due to all afternoon sport starting back.
Thursday 12 th July 2018	Thursday 19 th July 2018	
Friday 13 th July 2018	Friday 20 th July 2018	

CONSENT AND MEDICAL INFORMATION FORM

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

Registration de	tails				
Childs name:					
Postal Address:				Postcode	
Gender	D.O.B:	Age:	School:		
Parents Name:	D.O.B:	Phone: H	W	M	
					_
MEDICAL DETA	ILS			Series Series	0
Please indicate	if your child suffers from any of the f	ollowing:			1
Heart problems	s Yes / No	Respiratory Problems	Yes / No		14
Allergies	Yes / No	High/ Low blood pressure	Yes / No		140
Recent surgery	Yes / No	Epilepsy	Yes / No	5 x 6 Motras Inflat	
Diabetes	Yes / No			-	
If you answered	d YES to any of the above, please give	details:			
Please give any	Yes / No Yes / No I YES to any of the above, please give details of any ALLERGIES/ REACTION er medical or any other information	S your child may suffer from:			
Is there any oth	er medical or any other information	that we should know about?			
CONSENT AUTI	IORITY				
As a parent / gu	lardian of	II			
Give my conser	it for him/her to participate in the ac	tivities organised by the PORT M	ACQUARIE SPORTS STAD	NUM and delegate my a uthority to the	
coaches involve	ed.				
I also authorise	e those persons to obtain such medic	al assistance they deem necessa	ry should an accident oc	cur. I undertake to pay all medical	
expenses incur	red on behalf of the above participan	t. I further authorise qualified pr	actitioners to see to my	child if such an incident arises.	
Signed:		Date:		_	
OFFICE USE O	NLY				
RECEIPT NO	: AMOUNT PAID:	DATE:	_ STAFF MEMBER: _		
Note: E	orms can be dropped into	the Stadium weekde	va hatwaan Qam	0 pm or amail us at	
тою. г	orms can be dropped mit	The Staululli weekua	ys between 9am-	9 pin or cinan us at	

portstad@bigpond.net.au or call us on (6583 2501) and leave a message if unattended.