

## Account Holder (Responsible Person)

First Name : \_\_\_\_\_ Surname : \_\_\_\_\_

Address : \_\_\_\_\_

Mobile : \_\_\_\_\_ Work Ph : \_\_\_\_\_ Gender : M / F

Email : \_\_\_\_\_

## Child Details

Child Name : \_\_\_\_\_ DOB : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender : M / F

Allergies/Medical Conditions : \_\_\_\_\_

Child Name : \_\_\_\_\_ DOB : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender : M / F

Allergies/Medical Conditions : \_\_\_\_\_

Child Name : \_\_\_\_\_ DOB : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender : M / F

Allergies/Medical Conditions : \_\_\_\_\_

Anything else to note, please provide details : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Holiday Programs Enrollment Form

| Prices                               |  |   |  |       |  | Sub Total |
|--------------------------------------|--|---|--|-------|--|-----------|
| <b>Camps</b>                         | <b>Full Week</b> <input type="checkbox"/>                  | \$275   | <b>Half Day Full Week</b> <input type="checkbox"/>   | \$220 |  |           |
|                                      | <b>Full Day</b> <input type="checkbox"/>                   | \$70  | <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI |       |  |           |
|                                      | <b>Half Day</b> <input type="checkbox"/>                   | \$50  | <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI |       |  |           |
| Before Care<br>\$5 per day per child | <input type="checkbox"/> MON <input type="checkbox"/> TUES | <input type="checkbox"/> WED <input type="checkbox"/> THURS | <input type="checkbox"/> FRI   |       |  |           |
| After Care<br>\$10 per day per child | <input type="checkbox"/> MON <input type="checkbox"/> TUES | <input type="checkbox"/> WED <input type="checkbox"/> THURS | <input type="checkbox"/> FRI   |       |  |           |

Please tick which camp your child will attend

Camp 1  Camp 2 Total \_\_\_\_\_  
28th - 2nd October 6th - 9th October

## Free Bus Schedule

|  | PICK UP | RETURN | DAYS REQUIRED |
|--|---------|--------|---------------|
| Cammeray Primary School, Palmer Street                 | 8.10am  | 3.55pm |               |
| Northbridge Primary School, Sailors Bay Road           | 8.20am  | 3.45pm |               |
| Eastern Valley Way, Castle Crag, Corner Edinburgh Road | 8.25am  | 3.40pm |               |
| Roseville Primary School, Addison Ave Bus Stop         | 8.35am  | 3.30pm |               |
| Lindfield Public School, Grosvenor road Bus Stop       | 8.35am  | 3.15pm |               |
| Holy Family School, Pacific Highway Bus Stop           | 8.40am  | 3.20pm |               |
| Lindfield East Public School, Tryon Road               | 8.40am  | 3.25pm |               |
| Ravenswood School, Gate 11                             | 8.45am  | 3.30pm |               |
| Beaumont Road, Bus Zone Outside School                 | 8.50am  | 3.40pm |               |
| Chatswood Public School, Centennial Ave Bus Stop       | 8.50am  | 3.15pm |               |

## Acknowledgment

I hereby agree that Sydney Sports Management Group Pty Ltd trading as Chatswood Tennis Club, its directors and employees are released absolutely from all responsibility for injury, damages, illness, accident, death or loss of property howsoever arising which may occur to my child at any time during tennis camps and hereby agree to indemnify to Sydney Sports Management Group Pty Ltd from and against all liability damage claims, actions and costs of defending such claims and actions whatsoever in respect thereof.

**I also agree:**

That my child/children may be transported to alternate venues

**I give permission:**

That my child/children image may be photographed or videoed for marketing purposes  NO

I acknowledge that I have read and understood the Acknowledgment

\_\_\_\_\_  
Full Name Signature Date