



ASDESI HOLIDAY KIDS KLUB, JAN 2020 REGISTRATION AND CONSENT FORM

Please complete all sections, including ticking all the boxes.

Child's Name: _____

Address: _____

Email: _____

DOB: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Tue, 7th Jan | <input type="checkbox"/> Wed, 8th Jan | <input type="checkbox"/> Thur, 9th Jan |
| <input type="checkbox"/> Tue, 14th Jan | <input type="checkbox"/> Wed, 15th Jan | <input type="checkbox"/> Thur, 16th Jan |
| <input type="checkbox"/> Tue, 21st Jan | <input type="checkbox"/> Wed, 22nd Jan | <input type="checkbox"/> Thur, 23rd Jan |

Medical Details

Doctor's Name: _____

Phone no: _____ Medicare no: _____

Medication

Does your child take medication? If yes, please provide an updated doctor's letter by Monday, 6 January 2019 confirming the medication, dosage and frequency of administration. Medication must be contained in a Webster-Pak and delivered by the parent to Interchange Australia staff upon arrival at the activity.

☐ No ☐ Yes _____

Allergies

Does your child have any allergies or special dietary requirements?

☐ No ☐ Yes _____

Swimming

I give my consent for my child to participate in swimming or other aquatic activities.

☐ No ☐ Yes

Swimming capability

- | | |
|--|--|
| <input type="checkbox"/> Strong (up to 100m) | <input type="checkbox"/> Average (up to 50m) |
| <input type="checkbox"/> Poor (up to 25m) | |

Please turn over to complete the form



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(Continued from the previous page)

The ASDESI Holiday Kids Klub is staffed by qualified and experienced Support Workers. If your child/ren require additional 1:1 care please discuss this with us prior to registration.

Are there any other details we should know about your child to make his/her holiday activities more enjoyable?

Personal Injury Risk

I understand that there are inherent risks of personal injury involved in the ASDESI Holiday Kids Klub, and I agree that my child participates in activities at his/her own risk.

Emergencies

In the case of an emergency, I authorise Interchange Australia to arrange for my child to receive emergency medical treatment/s including ambulance transport that may be required.

Cancellation

In the case of a cancellation with less than 48 hours' notice, you will still be charged for the full price of the activity. Should we have to cancel or postpone an activity due to unforeseen circumstances, we will provide you with 48 hours' notice.

Photography/Filming/Social Media

In registering for ASDESI activities, participants and carers acknowledge and allow filming/photography which may be used for promotional and media purposes.

☐ I agree to the above mentioned conditions.

Parent/Guardian Consent

Name: _____

Signature: _____

Phone no: _____

Emergency Details

(if details differ from the Parent/Guardian)

Name: _____

Phone no: _____