# Holiday Program Enrolment Form 2024

## Section A - Child Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Childs Name/s: |  | D.O.B: |  | Age: |  |

D.O.B: Age:

**Please tick the chosen dates:**

**School Holiday Fun: $30 per session (enrolled in primary school)**

**Week 1: 1.00-3.00PM**

Date(s) of Participation;  Tuesday 2nd April  Thursday 4th April

Tuesday 9th April  Thursday 11th April

**Payment is required at time of booking – see credit card details below**

|  |  |
| --- | --- |
| Medical Conditions: |  |

Ambulance subscription:  Y /  N

## Section B - Parent/Guardian Details

Name/s:

Email Address:

Mobile Number/s:

Section C - *Terms and conditions of this program;*

**Rights to Use Image -** In During the course of your activity, photographs may be taken of the people participating in the program. Knox Gymnastics requests the right to use these photos in the promotion of the **Special Event – Holiday Program** and the associated messages of participation in other Centre promotions.I hereby grant permission to Knox Gymnastics Club Inc, the right to use my physical likeness without restriction in any promotion or promotional material created by or for Centre programs or events.

I accept that no fee or remuneration will be provided for my appearance in any Knox Gymnastics Program and/or related promotions, and grants unlimited use of my image for this purpose only.

**Authorisation -** I, the undersigned, approve of the above application and in doing so, agree that the Knox Gymnastics Club Incorporated; its officers and servants are to be free and clear of all responsibility whatsoever, for any accident or loss of property during the applicant participating in any gymnastics activities. I further authorise you, in the event of such an accident to obtain medical assistance as is required and agree to meet any expenses attached thereto. I accept the conditions that govern the undertakings of program at this Centre.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Signature:** |  | **Date:** |  |

Electronic Signature Agreement. By selecting the “check box” and typing your name, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting the “check box" you consent to be legally bound by this Agreement's terms and conditions

**Complete Credit Card details below or Call Office on 9758 1089**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Credit Card |  |  | / |  |  | / |  | / |  | Expiry |  | / |  | CCV |  |